

GUY'S

HOSPITAL,
MEDICAL &
DENTAL
SCHOOLS

Gazette



January 1999

- Lord McColl
- Tony Gardner writes on . . .
- Diwali show

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GUY'S Gazette

CONTENTS - JANUARY 1999

- 3 **Passim**
- 4 **Letters** - Good old days, GKT Nannies
- 11 **News** - Fringe festival, Internet conference, Diwali show,
Chairman's marathon attempt.
- 17 **Feature** - The weakending...
- 23 **Feature** - Lord McColl interview
- 39 **Sport** - Rugby, Waterpolo
- 47 **Obituaries** - C J Padfield
- 48 **Classifieds & Announcements**

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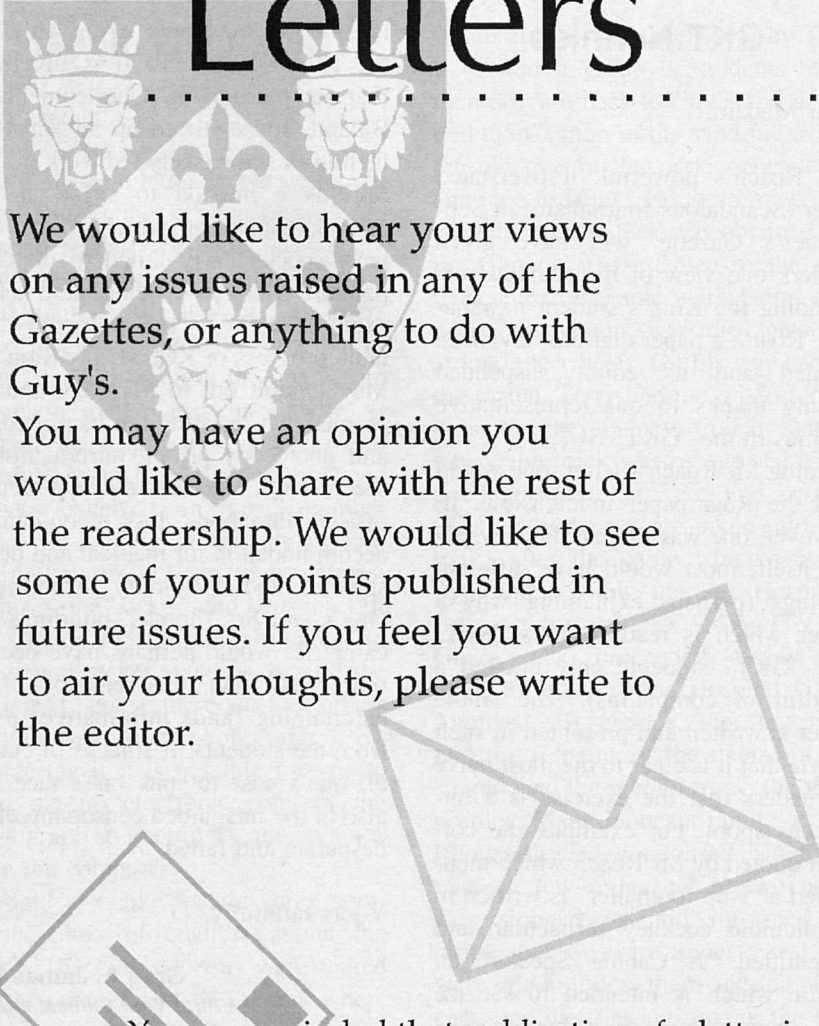
Passim

New Year, new challenges. Same old problems.

Yet again the NHS has had a difficult Christmas period. News bulletins have been filled with reports of patients waiting for up to 12 hours for treatment in accident and emergency. Intensive care units were so stretched that on one day only 16 beds were available countrywide.

Over the festive period Guys and St. Thomas' trust saw an increase of nearly 20% in attendances to A and E compared with last year. However, thanks to 'winter pressures funding' Charles Symonds ward was reopened, ensuring that patients were not kept on trolleys or treated in corridors.

At times of great pressure the NHS always seems to be able to deliver. There is one simple reason for this. If the commitment to patients by doctors and nurses ever dropped, the NHS would surely crumble away. The managers may decide the funding but it is the dedication shown by its staff that keeps the NHS moving. The fact that the NHS exists in the capitalist world that we live in is amazing. It works, even in adversity, due to the staff who make it live and breathe. We must never lose sight of this fact.



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



GKT Nannies

Dear Madam,

Mr. Roach's powerful, if overstated letter (Scandalous Journalism) in September's Gazette, will have given readers one view of the scandal surrounding the King's student newspaper "Roar"; a paper that has now been banned and its editor suspended mainly thanks to our representative nannies in the "GKT" SU.

Reading Mr Roach's letter, one would find the Roar paper indefensible. If, however, one was to read the newspaper itself, most would have different feelings (perhaps explaining why a paper which is read by most 'KCL' and "GKT" students only elicited a handful of complaints). The whole paper is written and presented in such a style that it is clear to the most naive of readers that the exercise is a humorous spoof. For example, the column quoted by Mr Roach which mentioned a "wop footballer" is written in a ridiculous cockney vernacular, and is entitled "A Cabbie Speaks"...an article which is intended to satirize the idiotic views of a hypothetical bigot, similar to TV's Alf Garnett.

In fact, I doubt the content of the magazine was actually the spur for the complaints from the GKT 'politburo', whose closed and incestuous practise

is common knowledge to any Guy's or St. Thomas' student. It is my belief that our patronising 'Oberleutneuts' in Boland House stirred up an anti-Roar feeling in some easily led 'volk in' The Spit as a method to strike at The Strand, something which so far they have spectacularly failed to do. This pathetic victory is being held as an example of Guy's "resisting" the inevitable progress of KCLSU invasion.

May I point out to Ms. Day and her cronies that resisting the increased bar and photocopy prices, introduction of sports club fees and outside security officers into hops, loss of on-campus accommodation for medical and dental students and willy-nilly renaming of Guy's and St. Thomas' buildings and campuses would perhaps have been of more use than the removal of an entertaining and informative paper from the students. It smacks of cutting off one's nose to spite one's face, and also of the misguided censorship of the desperate and failed.

Yours faithfully,

Greg A. James BSc
First Year Clinical student

Good 'Old Days

Dear Madam,

This is the first letter I have written to the Gazette in the 38 years I have been an avid reader. I usually receive my copy a few months after publication as snail mail is still slow. I was interested in the photograph of the "Tom-mies" cannon taken in the quad from my class mate Christina Lawrie. It brought back memories, as I was also involved in the Cup Madness as David Rhodes called it, in the September issue. In looking at the photograph again, I realized I am in the photograph in the background between Eddie Chater and the dental student in the dental jacket standing behind the cannon. I believe there are four others from my year in the photograph. I was wondering if it is possible for you to send me an electronic copy of the photograph so I could try and enhance it on the computer?

I would also like to add some comments and information about the event. The Guy's lorries were rented from Courages and they knew where they were going! The Tommies lorries had not been told where they were going, according to the drivers when they were talked too after the initial "fight". The driver of the lorry that held the cannon reported the lorry

stolen after it was taken over by Terry B---- and a group of students. They then drove it back to Guy's and deposited the Cannon in the sand pit around the old tree in the park, opposite the entrance to Hunt's House. Somehow, a large chain and lock was obtained and the Cannon was chained to the tree. Concrete from some work being done nearby was put over the lock and around the wheels. On his way back to the match, Terry had the misfortune to pass by the Putney Police station, where the truck was recognised as the one reported stolen. Terry and a couple of other students were taken into custody. After the game which was the first and possibly the last Hospital's Cup match to be televised by ITV two Guy's trucks proceeded, during rush hour, to return to the Hospital via St. Thomas'. By chance, the first truck had the remains of the dental plaster 'ammo' and the second truck, the water needles. Many innocent public, as Mr. Rhodes alluded, got doused. The trucks made a few miles before two police cars stopped us and informed the group that we were under arrest. We were told to follow them and the police cars, one in front and one at the rear, escorted us to Putney police Station. A few individuals were able to jump off at a corner but just over 100 of us were taken into the police station. At this time we saw Terry B---- and a few of the others but could not communicate



with them. As Mr. Rhodes indicated we had to be put in the police gymnasium. After all the paper work, including the charge sheets indicating we were charged with "Insulting Behaviour where a breach of the Peace may have been occasioned", (my son found these pieces of paper some years ago when looking through some of my old mementos and I had a lot of explaining to do.) we were allowed back on the lorries and after pleasant bantering with the inspector, he did not stop us singing enroute to Tommies and Guy's. The gymnasium, when we left, had a thin layer of dental plaster over the floor and walls. We also had in our midst the six heaviest forwards from the second XV who were handcuffed to the Guy's Milk Churn.

The evening papers' headlines were:

*"117 medical students arrested after
rugby game"*

We were all required to be in court the next day and the change was astounding. From the dishevelled rabble of the day before, the medical and dental students, nurses and physio's were dressed as for teaching rounds with not a hair out of place. Each batch of accused were ushered from the cells to the court. The inspector gave the JP the information and giving him his due, he commented that the accused had been exemplary in their behaviour

during the whole time we were in custody. The JP's only comment was "Fined 30 shillings each"

The students who were arrested with the truck were dealt with in a different court and received stiffer fines and I believe had their drivers licences suspended for some length of time. Through the Students Union all students paid the same fine of 30 shillings the Union made up the difference for the higher fines.

We all learned a lesson from the event with regard to student pranks and as far as I know no other such rag, during my student days, ever involved the public in any way.

I believe Terry B---- is in General Practice East of Toronto where I live and I last saw him at a Guy's reunion in the early 70's.

Please let me know if I could have a copy of the photograph to show my family.

Many thanks for the Gazette which keeps me up to date with episodes of nostalgia from my student days which I feel keeps me young!!

Yours faithfully,

David H. Evans

**M.B., B.S., FRCSC., F.A.C.S., Dip.Abu.
(Guy's 1960-1965)**

Oops!

Dear Madam,

You kindly published my letter and poem in the October issue of the Gazette.

Unfortunately, due to a simple secretarial error, the heading was undecipherable. It should have read: "Guy's : Poetic History or Future" ! But I have no animosity towards you or

your staff. May I wish you and the Gazette success in 1999. I enclose a festive poem (too late for the December issue) but it might help to banish post-Christmas blues.

David Tong

BSc FRCP FRCR

Consultant Radiotherapist

PS Don't tell young Keats that I have reverted briefly to humorous mode !

THE LIGHT AT THE END OF THE TUNNEL

I have a weariness at Christmas;
The dark mornings; the endless homeward drive;
The lingerie counters I am forced to trespass
To buy underwear for my wife;
Those frantic, dusty evenings groping
In the dark recesses of the loft,
With the family, downstairs, hoping
That the fairy lights will be in the next box.
The search yields only backache and frustrations;
The lights are found but will not work;
There are the inevitable, shattered decorations
Like the broken promises we all shirked;
The drawing pins that bend upon the ceiling;
The useless tangles of sticky tape;
The festive messages without feeling;
Those gifts wrapped straight but still corners gape.
But, there is light to brighten sagging hopes;
Look down at gleams in childrens' eyes;
See hosts who thought they could not cope
Achieve miracles, to their surprise.
Open doors after those weary journeys
And see the warming glow of friendly lights;
Recall the joy of Christian yearning
To share that gift of each Christmas night.

David Tong December 1998



'DISGUSTED'

Dear Madam,

Some time ago I telephoned the office to enquire about the possible plans to publish an account of the splendid new addition of Thomas Guy House to the Guy's Campus. I was told there might be a contribution in nursing notes. So far, nothing substantial has appeared. Why has there not been a 'feature' on this impressive building and an update on plans for its future use (after the evisceration has been completed) and the use of other buildings on the site?

What is to happen to Evelina - if it is to be moved, how much will it cost and what is to happen to New Guy's House? Is the Tower to lose everything except the Dental School?

Yours faithfully,

Professor Anderson

Tunbridge Wells Sherwood Park 1940

Editor replies:

The Thomas Guy House feature will hopefully be published in the near future. Unfortunately we encountered problems finding an author for such a feature. Apologies.

Great Dinner!

Dear Madam,

I was pleased that Dr SPG Moore (letter December 1998) drew attention to the tremendous effort made by Martin Jordan in getting the Biennial Dinner off the ground at all. It is something that I, (unduly constrained by the no-speeches tradition) should have done myself. For many reasons the Biennial Dinner Secretaries in recent years have found it difficult to muster the great attendances that Jimmy Goodliffe managed a quarter of a century ago. Let more of us next time try to kick start this potentially wonderful event back to life, if only to recognise the hard and rather thankless work of Mr Jourdan and predecessors.

Yours faithfully,

Ross Watkin

Chairman Biennial Dinner 1998

Happy Graduates!

Dear Madam,

I am delighted to reassure Neeraj Bhasin following the letter in the December issue of the Gazette, that all students who entered UMDS will be offered the

opportunity to participate in a graduation ceremony in Southwark Cathedral when the time comes. Graduating as a doctor and dentist represents not just the achievement of an academic qualification, but entry to the professions. It therefore seems to me to be appropriate that the nature of the ceremony itself should represent this momentous event.

The degree which is awarded at qualification is the degree of the University of London and the legal authority that acts on behalf of the university is King's College. UMDS never issued graduation certificates, but rather certificates of completion of studies and those students who entered UMDS will continue to be offered a similar certificate which will make clear that they entered UMDS and will depict the shields of both Guy's and St Thomas' as well as of King's College. I hope this will set minds at rest.

Yours faithfully,

C.Chantler
Dean

Found him

Dear Madam,
Thank you for publishing my letter (Guy's Gazette August 1998) requesting a Guy's Hospital resident poet to continue the tradition set by John

Keats.

At this time of year one is reminded of Keats's sad demise in Rome on 23rd February 1821 after an agony of separation from his beloved Fanny Brawne but in a last-ditch attempt to regain his health.

We know that Keats, in his own life, had very little - little time, no home to call his own and hardly any respite from some anxiety or other. Particularly sadly, he did not receive, during his lifetime, the honours commensurate with his genius but rather the opposite. And so it would seem appropriate that, as the millennium comes to a close, one of the great spirits of those one thousand years, for so indeed he was, should receive suitable recognition from his Alma Mater.

May I suggest that now would seem the appropriate time for a statue of the young poetapothecary to be placed in Guy's Hospital Park as well as the installation of a resident poet?

The eloquent tribute paid to John Keats by David Tong (December 1998) was very moving and will, I hope, serve to increase even more, awareness of and interest in the hospital's unique relationship with this extraordinarily gifted young man.

Yours faithfully,

Graham Brown
Associate Member Society of Authors



DIWALI SHOW

Dear Madam,

The UMDS Charity Diwali Show is an event that has been running successfully for many years. Indeed this year, the show raised a total of over £7000 for charities such as the Tommies campaign. All reviews we have received regarding this years' event have been positive, and we are flattered to hear that it may even have surpassed the extremely high standard set by last years event, considering it remains purely an amateur production.

Anushka's letter draws attention to an unfortunate incident that occurred at this years Charity Diwali Show. With an event of this size, involving over 1500 people, it is obviously impossible to predict the behaviour of one or two individuals who are intent on causing trouble.

However, as always, full provision had been made for security, who were able to resolve the dispute quickly and efficiently. We were not aware of any further disturbances during or after the show, and no incidents were, or have since been brought to our attention. The next show will indeed be a GKT show. Whether or not we are directly involved, I see no reason from the responses we have already received, why there should be any hostility be-

tween any students who choose to be involved or indeed those who attend the show. While in jest many of us may belittle King's, perhaps an inevitability after such a merger, I do not believe that the majority of students are so narrow minded as to physically take out their anger on King's students. The event involved weeks of preparation and hard rehearsal for all parties involved. I think it would be unfortunate if their hard work and dedication was overshadowed by an unusual incident that was beyond their control.

Yours faithfully,

Malin Wijeratna
Diwali Show Organiser 1998

I Chaudry A. King's Merger. Guys
Gazette (December 1998)

Fancy getting involved in a Students' Arts Festival?

Did you know that Guy's, King's and St Thomas' Medical School (GKT) is holding a major festival in the Millennium year? No, probably not, but be that as it may, throughout the year 2000 GKT will be joining in the London-wide "String of Pearls Millennium Festival" with other institutions like the Royal National Theatre

and the National Film Theatre. GKT will be hosting a festival of medicine - a series of public lectures and debates - to celebrate the achievements of medicine (um, er, where exactly should we start?) and the future of health and healthcare in the coming century (thrilling).

Sadly for the college, the only students who would have much interest in that, are the ones who don't have a large network of friends, an overdraft, or the willingness to sacrifice a free evening for a riveting talk on the relationship between personal freedom and public health. However, they also came up with the idea to ask a mixed group of students to organise a Fringe Festival of Medicine and the Arts.

So now the "Fringe 2000" committee are running around trying to find people who want to get involved through any kind of medium: they're planning to get students to put on plays, exhibitions, concerts and anything else that they can think of, or that someone wants to do. They'll be organising more bizarre things like exhibitions of ceramics made in mental health clinics, performances in hospital wards, a joint production with the Royal National Theatre Studio, and have plans to use tube trains to redefine 'street theatre' (that is, shortly before taking over the world). And all this will be in conjunction with (but extending beyond) whatever the Stu-

dents' Union societies will be organising.

There are various other plans, like getting in touch with other London colleges to get them to join in, or creating a more competitive structure, with prizes for writers, actors, and other categories. But as you can probably tell, nothing much has been finalised. What is known is that this will be a major nationwide public event running through the whole of the year 2000, so if any of this has interested you then you should get involved - it's not often that the college actively encourages its students to ignore their degrees and mess about with the Arts, and you will probably never regret it. Most importantly, they need people who want to write (whether plays, music or poetry - or anything else that you think would be applicable), direct and produce, host workshops, etc., although obviously they need people who are keen to be involved at every level, to contact them as soon as possible.

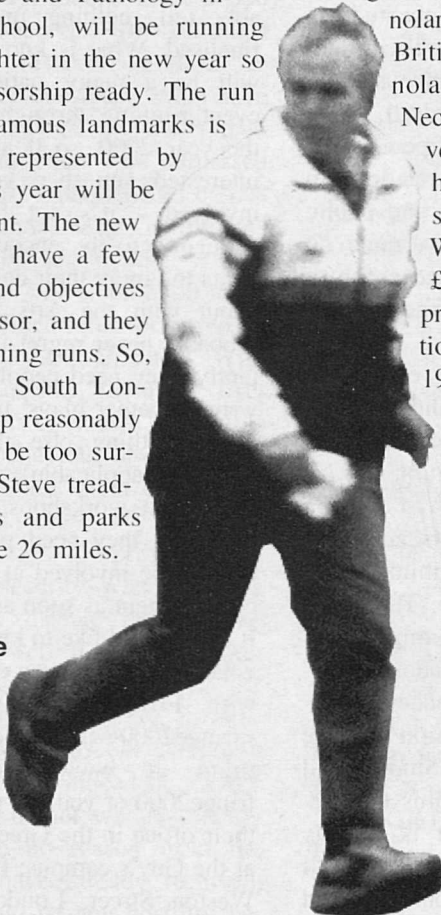
If you would like to know more about what is going on, you can get in touch with Fringe 2000 via email on <fringe2000@hotmail.com> or visit them at www.angelfire.com/nb/fringe2000 or you can contact them at their office in the Greenwood Theatre at the Guy's campus: Fringe 2000, 55 Weston Street, London, SE1, 0171 955 5000 ext. 3100.



Get your sponsorship ready!

The London marathon this year will have a seriously senior runner! Professor Challacombe, Head of Division of Oral Medicine and Pathology in the dental school, will be running with his daughter in the new year so get your sponsorship ready. The run through the famous landmarks is always well represented by Guys and this year will be no lesser event. The new year will then have a few more aims and objectives for the Professor, and they are called training runs. So, if you live in South London, and get up reasonably early, do not be too surprised to see Steve treading the roads and parks training for the 26 miles.

**Professor
Challacombe
caught in
training.**



Otorhinolaryngology Prize to Guy's

Mr Robert Weinkove, a clinical student in the School of Medicine, has been awarded the prestigious undergraduate essay prize in Otorhinolaryngology for 1998 by the British Association of Otorhinolaryngologists, Head and Neck Surgeons. Mr Weinkove's essay was on "Aids to hearing. From Julius Caesar to Julius Lempert". Mr Weinkove will receive a £500 prize and a formal presentation at the Association's annual meeting in 1999.

First Grand Round to be Broadcast between St Thomas' and Guy's Hospitals at Medical Internet Conference

On Wednesday 18 November, the weekly Grand Round for medical staff was transmitted live from St Thomas' to Guy's Hospital several miles away via videoconference for the first time. It was transmitted during the third annual world congress on the Internet in Medicine (MEDNET98). This was being held for the first time in London and has been jointly organised by the Guy's, King's and St Thomas' School of Medicine of King's College London and Guy's and St Thomas' NHS Trust.

The congress provided a forum for exploration of the rapidly developing relationship between medical sciences and the Internet. It attracted delegates to London from all over the world. For those not able to attend, a virtual congress ran parallel to the events in London, hosted by Queensland University of Technology, Brisbane, Australia and focusing on the twin themes of evidence-based healthcare and interlinking medical information sources.

A key speaker at the conference was

Dr Muir Gray CBE, a noted expert on evidence-based medicine. Dr Gray set up the national breast screening programme and later the national co-ordinating network for cervical screening. He has been Director of Public Health and Chief Executive for the Oxford Region of the NHS, and is at present Director of R&D for Anglia and Oxford. He set up the UK Cochrane Centre and the Centre for Evidence Based Medicine in Oxford.

Other speakers covered issues from the NHS net to telemedicine in China and the potential risk of the millenium bug. Last year saw the 50th anniversary of the NHS and also of the development of the first stored programme computer at the University of Manchester. This joint anniversary was marked with a keynote lecture on the history of computing by Professor Hilary Kahn.



The Guy's and St Thomas' Charity Diwali Show 1998

On the evening of 20th November 1998, an audience of 1500 people gathered at the very original and plush venue of the Paragon Hotel in Earl's Court, for the last ever Guy's and St Thomas' Charity Diwali Show, before this event falls into GKT oblivion. The Paragon Hotel was the obvious choice of venue, no doubt because of its reasonable price and its quick and easy accessibility from the Guy's and St Thomas' locality!

The opening act was a sultry dance by the organisers of the show, Malin Wijeratna and Kiran (Harkiran Kaur Srai). It was a very good dance, although I don't know if those of us who knew last year's organisers were more entertained by the dance itself, or the thought of Kumar and Ameet doing something similar as an opener last year (who would wear the saree, I wonder?!). This first dance had all the ingredients of a good Diwali show act: excellent choreography, confident performances, plenty of male-female chemistry, and those two great mainstays of any self respecting Diwali show: the saree and the gratuitous sight of a bare male chest!

The rest of the show stuck to this formula fairly well, with many UMDS

students showcasing their talents in dances, which were all excellent, with a good balance between Eastern and Western influences. This was most notably seen in the Riverdance-inspired "Dance of Fire", which is probably the most original act I've ever seen in a Diwali show.

The catwalks were pleasing displays but, as always, nothing compared to the fashion displayed in the audience! Yet again, there was plenty of the aforementioned male-female chemistry and guys showing off their 'pecs'! The lone singing act, was a brilliant rendition of "Can We" by SWV, sung by Angela Patel and Diluki Kevitiyagala.

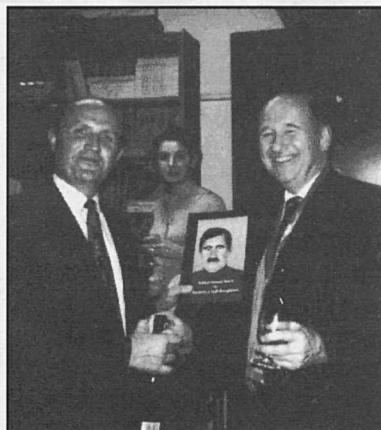
The comedy was very funny in parts, if overly 'scatological', but I suspect for the large proportion of the audience that understood Hindi or Punjabi. I suppose the scriptwriters democratically aimed to target the jokes for the majority of the audience, but it's a shame that some people wouldn't have been able to enjoy it. The play was also loaded with what I'd like to call sexual "innuendo", but that implies a subtlety that just did not exist in the script.

Kumar Kunasingham was taking his turn on stage this year as male compere, with Shawana Vali proving to be more than his match as female compere. The two of them provided entertaining sketches between the acts, which held the show together very well.



Overall, this very successful show followed the standard set by last year's show and may even have exceeded it, which is what one would expect with the £3 increase in ticket price! Congratulations are due, not only to the organisers and performers, but the backstage crew, who delivered a show that was seamless in continuity, with very professional performances and presentation. This sort of standard is even more commendable when you consider that all the people involved in the show were amateurs and were not put through any kind of selection process to be in the dances or catwalks. This is a standard the Diwali Show should endeavour to maintain in the future.

Shazia Khan



On Thursday 17th December 1998 the Division of Surgery & Anaesthesia hosted the Surgical Unit's Annual Christmas Party. This coincided with the publication of "The New Aird's Companion in Surgical Studies" edited by K G Burnand and A E Young and the second edition of "Diseases of the Veins: Pathology, Diagnosis and Treatment" edited by N L Browse, K G Burnand, M Lee Thomas, A T Irvine and N M Wilson. At this prestigious event Mr Bob Mason (left) made a presentation to Professor K G Burnand of the Viagra Medal for Excellence. Professor Burnand (right) went on to receive a second major award, namely the Saddam Hussein Certificate for Sensitivity in Staff Management.

AP Adams

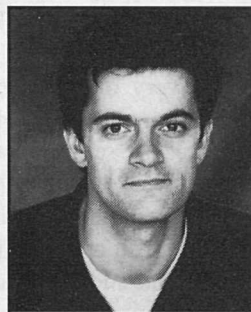
Division of Surgery and Anaesthesia

LAYOUT EDITOR WANTED

There will be a vacancy in the Gazette for a Layout Editor as of March 1999.

Applicants should be Medical or Dental students who can spare the time and are computer literate.

*Applicants please contact the current
Layout Editor, Paul Stevenson for
more information via email or phone.*



A few years ago, I wrote a small pamphlet for teenagers planning to study medicine, but who don't know which medical school to choose. It was called "A Small Pamphlet For Teenagers Planning To Study Medicine, But Who Don't Know Which Medical School To Choose" and, to be fair, it wasn't a great seller.

However, I would like to reproduce some extracts from it in the hope that the Deans of all of Britain's Medical Schools will read it. (I know they all read each others magazines - just to see what the oppo's up to) and fund me to write a longer version to help prospective students. I would also be delighted to accept bribes upwards of £500 to be nice about a particular medical school.

Now remember, I wrote this thing a few years ago, and I'm hopelessly out of date with who has merged with who and for what reason - well, except for the fact that we're twinned with St. Thomas' which, I'll be honest, still keeps me awake at night.

ST MARY'S (a.k.a. "Mary's")

Sprawling mess in a red-light district near Paddington Station. Can be seen on the right from that flyover-thing as you drive into London. History of being good at rugby, but tends to be unbearably smug about it.

Alumni

- J.P.R. Williams (Wales and British Lions Full-Back, long ago when sideburns were in)
- Anyone who is in the ongoing BBC documentary Doctors To Be, but in particular that terrible Welsh girl who has married that rich bloke and now talks all posh.



ST BARTHOLOMEW'S (a.k.a. "Save Barts")

Very, very old - which, along with the fact that the Queen Mother had her appendix out there or something, has saved it from the axe several times. Picturesque setting just round the back of a meat market Quite snobby.

For some strange reason, which no one ever dared question, their Student Bar used to open at 1 lpm. Fiercely protective of a rather rubbishy bear statue which if you attend another London medical school, you must attempt to steal.

Alumni

- St Bartholomew
- Dirk Bogarde
- James Robertson-Justice
- The entire Monty Python team

NOTTINGHAM

Really rather friendly and not at all snobby (well, they have no reason to be, I suppose). Famous for their extravagant social scene and for winning the World Student Beer Drinking Competition three years running - thus getting to keep the trophy. Which they lost down the bar the same night. Good show.

They are also famous for their fancy-dress, three-legged sponsored hitchhike to Amsterdam, which takes place every Friday

Alumni

- Robin Hood

GUY'S (a.k.a "I'd rather go to Guy's, to merry, merry...")

Gloriously snobby. Set in some fairly pretty buildings in Bermondsey (well they were there when I last looked anyway). Unfortunately, some 1970's control-freak decided to build a replica of a block of flats right in the middle of it but at least it gave us somewhere to put the dentists.

Student bar closely resembles the bar of a cross-channel ferry (right down to the



feelings of unsteadiness and nausea experienced when in either). And while I'm at it, has anyone else noticed how the students are getting younger and younger, just like the policemen?

Alumni

- Jonathan Something (that Formula One racing driver bloke)
- Florence Nightingale (Nurse)
- Instant Sunshine (Popular Beat Combo)
- John Keats (Poet)
- Sir William Gull (Jack The Ripper)
- Chris Pocock (Young Investigator of the Year, 1993)

BRISTOL (a.k.a. "Oh Bristol's bloody great, yah")

The typical Bristol medical student did not want to go to Oxbridge in the first place, is six foot three, called Hugo and he's on his way round to Fluff's dinner party at the new pad that Mummy and Daddy have bought for her.

Alumni

- Jonathan Webb (ex-England Full-back - see Mary's Alumni and divide by ten)
- The drummer out of The Wurzels

ST THOMAS' (a.k.a Thomas's, Thomases, Thommies, Tommies, Tommy's and Timmy's)

Recently lauded by the Tailors of Saville Row for being responsible for the re-introduction of the bow tie and corduroy pant back into Western Society.

From what I remember, the Student Bar looked remarkably like a village hall and was full of people in cravats drinking tawny port out of silver goblets and shouting "Hurrah for Thomas's" in front of an open fire - and I have no reason to believe things have changed.

Alumni

- Miles Kington



SOUTHAMPTON

Bit of a mystery this one - I must admit I didn't realise that there was a medical school in Southampton. I'll take a wild guess and that it's very much like Nottingham but with more sailing.

CARDIFF

Nope, sorry

CAMBRIDGE (a.k.a. Oxford, Oxbridge)

Very, very old and full of places of historical interest. No student bars - after lectures, one has to butter one's tutor's crumpets and say things like "Well thank the Good Lord one didn't have to go somewhere godforsaken such as Bristol to study medicine" and "I believe there's one opposite the Houses of Parliament, so I might go there for my Clinical".

Alumni

- Jonathan Miller
- Hippocrates

EDINBURGH (a.k.a. "The Bristol of the North")

Tremendously snobby. Grey and cold, but has the added advantage that, during the Edinburgh Festival, you can rent out your flat to struggling performers for extortionate amounts of money.

Alumni

- Dr Finlay

THE ROYAL LONDON (a.k.a. "The London")

Renamed The Royal London a few years back after the Queen opened up their new John Menzies. Apart from having a really cool chequered Rugby shirt, and the Brick Lane curry houses, not a lot to offer the prospective student. Bit of a wonder how it's survived so long, if you think about it - perhaps you don't need

very high grades to get in.

Alumni

- The Elephant Man

LIVERPOOL, GLASGOW, ROYAL FREE, KINGS

Whoops - stumped again. Oh dear... look, I'll have to get back to you on those.

Tony Gardner

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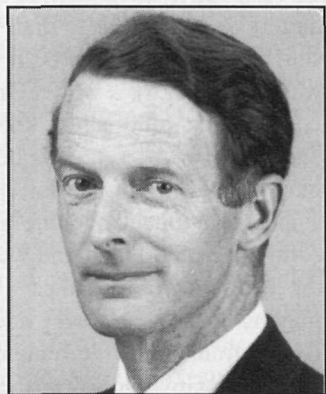
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An Interview with Professor Rt. Hon. Lord McColl



Professor Ian McColl, Professor of Surgery at Guy's since 1971, was made a life peer in 1989: his full title being Professor Lord McColl of Dulwich, of Bermondsey in the London Borough of Southwark.

He has successfully combined a clinical and academic career in Surgery with a very active role in the House of Lords, whilst remaining dedicated to charity work and helping disadvantaged members of society.

Professor McColl qualified from Guy's in 1957 and undertook junior staff appointments at St. Bartholomew's, Putney, St. Mark's, St. Peter's, Great Ormond Street, Barnet, St. Olave's and Guy's Hospital. After six months as Research Fellow at the Harvard Medical School, he spent four years at St. Bartholomew's as a Consultant Surgeon, including some time as Sub Dean. He returned to Guy's in 1971 and has remained here ever since. Although officially retired as Professor of Surgery in September 1998, he remains in *locum tenens* until the end of the year and will then continue his private practice at Guy's Nuffield House. This interview for the Gazette was conducted in November 1998 and gives an insight into his life and achievements.

Professor McColl, I would like to begin by asking you something about your background. Would you tell us a little bit about where you grew up?

Yes, I was brought up in Scotland and I went to a grammar school in Glasgow - it was a very interesting experience - and there I did mainly Classics. Then the family moved South to London when I was sixteen and I went to St. Paul's and continued with the Classics there. Then I came to Guy's and did Medicine . . . and then I realised that if you wanted to get on you'd better keep moving from hospital to hospital, so when you came back to the place where you originally started they would have forgotten how bad you were! It's not funny - when you go to a new hospital they always assume you are better than you really are! I taught Anatomy and Physiology here for a while, which was fascinating, and I would



quite like to go back to that. Then by very good fortune I managed to get on the staff at Bart's and I loved it there - I had four years as a consultant there and I was Sub Dean for a while. One of my jobs was to choose all the medical students: I was never quite sure I knew what I was doing but it was great fun trying! I ended up with a technique of having a senior medical student doing the interviewing while I listened and I reckon that was the most interesting, because a medical student had the ability to get a candidate speaking in a way that a committee of old men and women might not have done. The only problem was all the brilliant young ladies - highly talented, speaking umpteen languages and playing hockey for Surrey and so on - I really couldn't resist offering them places. By the time I left, the female intake was 30% and they thought I had been sent over from Guy's to lower their ranking in the rugby tables!

What motivated you to study Medicine?

We used to go on holidays near the Firth of Clyde and when I was about nine I met a surgeon and his family there: we got on extremely well and I thought 'Ah, this is what I want to be'. It sounds rather simple, but that's the way it was. . . and it stuck. I had no Medical connections, so that's the way it started.

What are your best memories from your medical student days?

Oh, I enjoyed the whole of it, but it was when we got on the wards and we were a firm of six students and we stayed together the whole three years - that was enormous fun. In those days you were an integral part of the hospital: if the medical students didn't come in, the hospital couldn't work, because we used to write in the official medical records, do all the bloods, test the urine, go with the patients when they had barium enemas and so on and we would trolley the patients to and from the theatre. So we were heavily involved and we had very good teachers. I remember the Senior Registrar on our firm was somebody called Alan Parks, who later became the President of the Royal College of Surgeons, Sir. Alan Parks, and he was a great guy, who had great culture, was a very accomplished pianist and artist . . . and he fired our interest not only in Medicine, but other things too, like bird-watching, and as I say music and art, so we got off to a very good start.

Do you feel that the medical curriculum has changed so that now medical students are far less integrated? It sounds as though in your time students were much more involved.

Yes, well I think it's a great loss. In fact now I often find myself trolleying my own patients to and from theatre and I take the students with me, so they do get involved and they seem to like that. And the patients love it of course - to see your surgeon and your students actually coming to take you to theatre, I think it's a very good system. Having said that, the students today, I think, are brighter and in many respects, they seem rather nicer and more fond of the patients than perhaps they were in the old days - it's very difficult to generalise I know. I think the real problem is that the curriculum has been packed with far too much factual information: it's not 'education' anymore, it's 'inducation' - stuffing knowledge into people as they used to do in the polytechnics, years ago. If you take Anatomy for instance - there used to be five-hundred hours of Anatomy and there was a great song and dance that this was terrible and it had to be reduced, and so they reduced it to, I think, about two-hundred-and-fifty. The spare two-hundred-and-fifty hours were then packed with other subjects. Now if you actually look at the five-hundred hours of Anatomy teaching, two-hundred-and-fifty of it were in the dissecting room: it wasn't teaching really, it was an opportunity to talk about politics, art, music - that was the University part - it was a very important part - and that was taken away you see. Whatever else medical students do, they ought to have plenty of time for thinking, rather than simply stuffing vast quantities of information in - information which is probably going to be out-of-date in a short time anyway. I think you learn Medicine at the bedside: you learn your pathology, bacteriology, pharmacology, at the bedside and if you remember it in terms of people - 'Mrs. Jones' with Addison's disease - you remember Addison's disease in terms of that person and what's more you remember the drugs she was on, the doses, and in a much, much more interesting way and more relevant to everyday life, rather than listening to boring lectures. I think lectures are fine, for subjects which are not dealt with perhaps so well in textbooks, new things or recent advances - although with the Internet now you can get it all there yourself!

You are well known amongst medical students for your early morning tutorials taught in a very distinctive and memorable style. How do you find the teaching element of your work?

Well, I love it - I mean that's one of the great joys. You see it's not just teaching, you learn as you go along. I ask questions - that's the way one teaches - and I have a pretty fixed idea of what the answers are to my questions, but they keep giving you better answers and you have to say "Well, that's not the answer that I wanted, but actually it's rather better . . ." For instance, I always used to say to the students



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“What would do if you were on board a ship in the middle of the Pacific, a week out of port, and your friend here gets an acute appendicitis and you’ve got a fully equipped theatre, with an Anaesthetist and Nurses and all the instruments?” It’s interesting, the ladies often say “Oh, I’d have a go and take the appendix out!” and I say “Well, I am sure you’d make a good job of it, but the idea is really to get you to think what would happen if you did nothing” and of course most cases of appendicitis get better on their own probably, without any treatment (I am not advocating that as a treatment) but that being the case you might think of conservative management. Anyway, one day I put that question to them and a girl said “I’d get the Anaesthetist to do the operation” and I said “Well, that’s not the answer I wanted, but actually it’s a very much better one!” and that’s the fun of teaching. If you’re prepared to admit to anyone, at any time, that you don’t know the answer to a question, then you enjoy teaching - there’s nothing to lose and everything to gain, I think.

The early morning business isn’t simply my Scottish upbringing, the trouble is we start operating at 8 o’clock in the morning and we go on all day and the only opportunity to see the patients is that hour before we start, as they come in on a Monday morning. In the old days, of course, they used to come in days before the operation, so there was ample time to teach the students at leisure, but of course it was totally unnecessary for the patients to come in several days before and it was quite dangerous, because they would pick up infections and their veins would clot and all sorts of things, so it’s much better to do running repairs and do as much as possible on a day case basis. Home is much better for most patients - the food’s better, the company’s better and it’s not so noisy at night.

How did you find your first year of House Officer duties?

Well, I loved it. It wasn’t such a great transition because we’d been doing that sort of thing for three years. Obviously it was a very busy year, perhaps the busiest one’s ever had, because you had one weekend off in two and the rest of the time you were on duty. That sounds horrendous, but in a funny sort of way it was easier, because there weren’t deadlines - you weren’t off at six o’clock and so on - and the evening ward rounds were always great fun and they took hours. We would drink coffee with the nurses and the whole thing was more relaxed in a way, but there were features of it that were crazy and until I came back here as Professor in 1971. The Surgical Registrar, with his team of students, would be on continuously for a whole week - night and day - well, towards the end of the week



you were pretty exhausted and it really wasn't a good system for the staff or the patients for that matter. So that was the first thing I changed when I got back here in October '71 - we agreed that there'd be one day of take-in except for the weekends.

What were your interests outside the medical curriculum and also as a House Officer?

I liked reading a lot and I still do. I used to play Squash - usually at about midnight - with a marvellous Senior Registrar in Paediatrics, who ended up as Professor of Paediatrics in Cardiff. Then later, I developed an interest in trees and somebody left us some money, years ago and so we bought a little wood down in Sussex. It had to be thinned and felled and the Great Storm demolished quite a bit of it and we've planted hundreds of trees and seen them grow . . . some of them are now 20 or 30 feet high. It's been a great hobby and it's nice to get away.

What post-graduate training did you do to become a Surgeon?

Ah, now there's an interesting story. Basically, I suppose you learnt Surgery in the middle of the night on your own! There were, of course, one or two surgeons who really took great trouble to teach you operative surgery but it wasn't all that common. I mean, here at Guy's, we had Alan Parks and we had Rex Lawrie, who retired a few years ago, and he was great at taking junior staff through operations and that's the way . . . you see one done, they show you how to do it and then they take you through it and then they're in the theatre while you're operating but not scrubbed . . . it's that sort of gradual assumption of more and more responsibility which is the ideal.

How did your specialist interest in minimally invasive surgery and particularly laparoscopic cholecystectomy develop?

Well, a great friend of mine is John Wickham, who formed a society called the Society for Minimally Invasive Therapy in 1989 and I just thought that was a great idea - especially the idea that it was 'therapy' not 'surgery'. He's a great guy for thinking about the patient as a whole, not narrowly focused just on surgery. It might be something else, but let's merge them all together and do as little damage to the patient as possible - that's the whole theme I found very attractive and got stuck into it in the early days. We used to teach surgeons how to use this technique. The fascinating thing was that it was very difficult to teach this technique to some of the older people, because the idea of looking at a screen and



moving your hands below it and associating the two was totally foreign to them, whereas the young people took to it like ducks to water. I've always encouraged people at school to come to Guy's for a week to have work experience and I've been doing this for twenty-five years. One of our neighbours - she was sixteen at the time - came to have some work experience and asked if she could come and see me operate. As we were rather short staffed she actually scrubbed up and handled the camera - and did it better than anyone had ever done before, because she was used to computers. There's been a lot of fuss about how terrible it is having 16-year olds in theatre . . . but their skills are highly developed . . . and as Sir Roy Calne, the very distinguished Professor of Surgery at Cambridge and a Guy's man actually (we were pretty well contemporaries) once said on the radio, it's absolutely ridiculous - I'd much rather have a 16-year old school person helping me in theatre than no-one or simply a mechanical retractor. Key-hole surgery, I think is, in its place, great. The problem is you develop all this new machinery and you know what men are with new toys. They are always looking around for other things to do with it and I think one has to keep a sense of proportion and ask "What is the best way of treating this patient?" It may not be minimally invasive surgery, it may be some invasive radiological procedure or something else.

I believe that you were a Research Fellow at Harvard Medical School and accepted the Moynihan Fellowship in 1967. Would you tell us a little bit about that time?

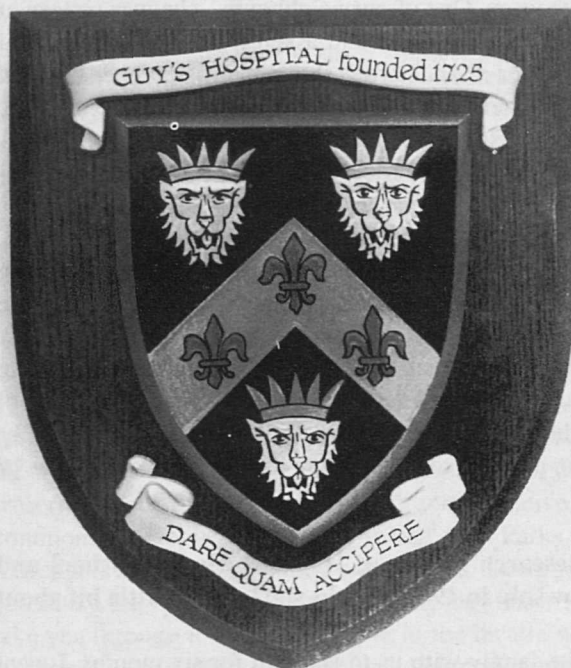
Yes, we went over and took the family with us to Harvard for six months. I went with a limited objective of learning a technique studying ionic fluxes across ileal mucosa . . . so I learnt the technique and then did quite a bit of research on that subject, which was fascinating. It was great to go over to the States and it was interesting to compare the two systems. It was there that I first became aware of mortality / morbidity meetings. I was pretty horrified at the sort of complications they seemed to have over there, because we didn't have anything like that over here - thought I! But when I came back here and we started these same meetings at Guy's, it was just the same picture, we had the same sort of complications. In Surgery . . . in Medicine, doctors are human and they're going to make mistakes. The thing is to have them out in the open and discuss them and those meetings, I think, were the most important post-graduate meetings. You really learn from them - in an atmosphere which is not a witch-hunt, trying to glory in other people's mistakes. The atmosphere, was again created very much by Rex Lawrie,



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who used to chair these meetings. If some poor registrar was telling about some complication for which he was responsible and the sweat was pouring off his brow, Mr. Lawrie would get up and say "Oh, that's nothing old chap, I can tell you about many more complications". He disarmed them and compelled them to be honest, but he created the atmosphere in which you could do that. There's a lot of talk about audit today, but I suspect a lot of it is wind and sometimes I ask the physicians in some other hospitals "Are you actually having mortality / morbidity meetings?". They'll say "Oh, there's much more to audit than that!" and many hospitals don't actually do them. I think that's a mistake, because it's a wonderful postgraduate learning situation, where you learn about things which are really relevant to your everyday work. The atmosphere in these meetings was 'There but for the grace of God go I' and I think that's rather important: a touch of humility in Medicine and Surgery is no bad thing.

How did you find raising a young family out in the United States?

It was my poor wife who had the burden of that really. We had a boy of six then, a girl of four and a baby of six months, so it was quite a handful. My wife, Jean, who is also a doctor, used to take them out regularly for walks and in the pram and Americans would congratulate her on having such rosy cheeked children. She began to realise that the reason they had such rosy cheeks was the freezing cold and of course walking is not such a common exercise in America, they tend to go by car! It was a great experience but, it was pretty tough on my wife. It was during the Fall, so we used to go out to see the beautiful colours of the leaves which were unbelievable. The kids got rather fed up of going out to see the 'Fall' every weekend, and the only way we could get them out in the end was to bribe them by agreeing to stop at every 'Howard Johnson' on the way for ice-cream. American ice-cream at that stage was very much better than ours, so that was a suitable bribe!

Going back to audit, you have been instrumental in making innovative changes to audit at Guy's. How do you feel about the progress that has been made?

I think the surgeons are doing fine: they are still having the mortality / morbidity meetings. I hope it's going on in other sections of the hospital. I think the systematic scrutiny of one's results must be the right way to go. Surgeons always tend to think that they have done more operations than they've actually done and that they've been more successful than they have. The trouble with published



series is they tend to start on the 1st August and finish on the 30th November of the next year and I always wonder about those dates and what happened before and after the series. I think the idea of publishing straight data, the unvarnished truth is much more helpful. I wonder whether we should start a journal for the publication of unpublishable results . . . it would be a truer picture to inform the patients what the chances of success really are. I think that's the polite thing to do, quite apart from it being the ethical thing to do.

How have you found combining your academic and clinical career as Professor of Surgery, here at Guy's, with such an active role as a working peer in the House of Lords?

Work in the House of Lords doesn't tend to start until late into the afternoon and if I start here at seven in the morning, I can get a full day's work in and then go along there later. The other thing is it's only six minutes away, I think if it were in another city, it would have been very difficult indeed. I felt it was such a wonderful privilege. . . and I've found it very rewarding.

I know that you have done a lot of work for disabled people and also young paraplegic patients, particularly through the Limbless Association. Would you tell us something about that?

You get into these things by accident! In 1984, the National Service that supplies artificial limbs and wheelchairs, was in a mess, so they decided to set up a Working Party. The tradition in this country is to choose a Chairman who knows nothing about the subject and that's how they chose me! But it's a wonderful way of learning about a subject rapidly. I was fortunate in picking some very influential people to sit on this group - people like Duke Hussey, who became Chairman of the BBC, and Brian Griffiths who became head of Mrs. Thatcher's think-tank. We really had some big guns to make sure that something was going to happen. And it did - there was quite a revolution. I had done a lot of amputations and vascular work in the past so I wasn't entirely ignorant of the field. It gave me a great insight into disabled people and their problems. It was shortly after that we started to get medical students to spend a day in a wheelchair at Guy's. They had to go everywhere in a wheelchair - to the restaurant, to the loo - and the effect it had on them was fascinating. They were angry by the end of the day, because they realised that here was a hospital that had more than a passing interest in disabled people and yet it wasn't geared up for them at all - lots of places were inaccessible. So it changed my whole way of thinking and I think I

helped to change other people's way of thinking too.

What are your plans following full retirement as the locum Professor of Surgery, later on this year?

I've got a lot of interest in charity work and there's an organisation called 'Mercy Ships' in which I'm heavily involved. It's an international organisation which has been going for twenty years and we've got three ships going around the world: one in the Caribbean, one in South America and the other going around Africa. The great thing is that all the people on board these ships - calling in at various ports and operating on all the difficult cases, building them wells and so on have to pay to work on board the ships! So in terms of a charitable use of money, as a Scot I find this very attractive! They have to raise the money from their local communities or their local churches. I'm President of the Leprosy Mission for the U.K. and get involved in leprosy work. That is also fascinating. I went to Uganda recently to the opening of a hospice for people dying of AIDS - that's another interest. We asked Lynda Chalker, the Minister for Overseas Development in the last Government, for money to build a teaching and out-patients centre for people dying of AIDS in Uganda and received three million pounds for this purpose. It's now going very well indeed. At the same time we visited a Leprosy Mission Hospital way out in the wilds and that was a completely new experience. I'll continue working Monday to Thursday in the House of Lords: so there'll be plenty to do.

I understand that you are also an Honorary Consultant Surgeon at King's College Hospital. How do you think that the merger will affect Surgery at both hospitals?

King's and Guy's, in the sixties and seventies had very, very close links. We used to send our neonatal work and difficult hepatic work there. We had a combined neurosurgical unit and worked closely on the psychiatric side. In these subjects we were very close and the tragedy really was that we didn't fuse in those days. There was a Todd Report in 1967, suggesting these mergers which have now taken place and it would have been much easier to have done it then. The trouble with having twelve separate teaching hospitals in London was that they were all going downhill, in the sense that they were being starved of cash compared with medical schools outside London. It was a nonsense to have a Cardiac unit at every street corner . . . in order to advance and have real expertise you have to have a critical mass which inevitably means having fewer



centres.

I was wondering how you see the future of health care delivery in London, having been involved in most of the important Parliamentary debates over the last decade?

I think we've got major problems in inner city areas, I really do. But the backbone of the Health Service has to be general practice and the question is how you organise that - I think we need to look at innovative ways. For instance, on the Isle of Dogs, I believe there's a practice which is run by the GP practice manager and he hires the doctors. Now, I think we need to look at things like that - there may be better ways of doing things. We've got to get the idea over to patients to take a greater responsibility for their own care. If you look back to the beginning of the National Health Service, a lot of the answers were there. Prime Minister Attlee actually got up in the House of Commons in October 1949 and said we're going to bring in prescription charges in order to discourage people from using the NHS excessively and unnecessarily - but he got it wrong, if you need prescription drugs you should have them free. If you want to discourage people from using it unnecessarily and excessively, you could have a charge to see the doctor, but politically of course that's never been acceptable. The idea of actually paying something to the doctor, means you've got some control over him and there's a one-to-one contract. That was lost and they've been trying to get something back ever since, along those lines. Having 'purchasers' and 'providers' was an attempt to do this. There is a great attraction to patients knowing that if they become seriously ill, they are not going to be financially bankrupt, as they are in other countries. That has been a very precious part of the NHS and I found it an attractive idea to sit down and work out the best treatment for a patient without having to think whether they could afford it.

What personal qualities have enabled you to advance so far in your career?

Well, that's difficult to say - I think liking patients and finding Medicine fascinating and having delightful colleagues. What's made my time here at Guy's so enjoyable is the people that I've worked with. People like Bill Owen, Martin Jourdan, Peter Taylor and Bob Mason - we've worked together as a team and we're interchangeable, not possessive, so any of us can look after any of the patients and if you're not sure of something, you simply ask one of them ,or all of them, what they think! Operating with them has been great fun too.



Also, working with Cyril Chantler, John Rees, Michael Gleeson, John Spencer, Tony Mundy and people like that. I've also enjoyed having the opportunity to experience other specialties and get into the academic side and I've made many close friends in all walks of life at Guy's.

Could you cite the one person who has been the greatest influence on your career to date?

Undoubtedly my wife, really - she has been so supportive and understanding. Sometimes when we've been a bit short-staffed, she has come in and helped me operate and she would whisper in my ear, so that no-one else could hear, in the middle of an operation, "You may not have realised it, my dear, but that nurse was actually trying to help you then!". Some of the nurses used to think I was a bit fresh with my lady assistant and when I explained to them she was my wife, they would cynically say "That's what they all say!"

Most of the major speeches I've given, my wife has read and corrected beforehand and that's very valuable. She gives me a sense of proportion - I go home and blow my top about something and then she's able to give me another view. I think that's been absolutely invaluable and of course I learn from my children too. . .

. . . and your grandchildren?

Yes, yes we've got four and they're aged four, three, two and one and are great fun and I'm learning all the time. . . Jean, my wife, suggested I took one of the little chaps out for a walk in the park in Dulwich. She said "Now, sometimes he's a bit belligerent and won't walk in the direction you want, but the key to success is, you throw stale bread ahead of where you want him to go" and I said "What on earth for?" and she said "Well, you just go and try it!". So, I took a bag of stale bread and threw it where I wanted him to go. All the pigeons come down for the bread and he liked trying to stamp on the pigeons, so we went round Dulwich Park in this curious way. Then we found some of our friends doing the same thing!

Would you recommend Medicine to your grandchildren?

Oh, yes. We very much wanted all our children to go into Medicine and they have and they've married Medical people, but we were very careful not to



brainwash them and we never, ever did. But we were delighted when they did do so and it would be lovely if our grandchildren did too. But, it may not be for them. I remember some Swiss friends of ours, who were very bright and University people and they had three kids, who were all bright too and everything was going fine and they were winning prizes and so on. Suddenly their sixteen-year old said "I've had enough of this academic work - I'm giving it all up and I'm going to be a carpenter!". Now these are Christian friends of ours and they actually said to this boy "What on Earth do you want to throw your life away on being a carpenter for?" and he said "Don't you remember two thousand years ago, there was a rather good carpenter!" He became a cabinet-maker producing the most beautiful furniture I've ever seen. So, we are all different.

Rina Dutta



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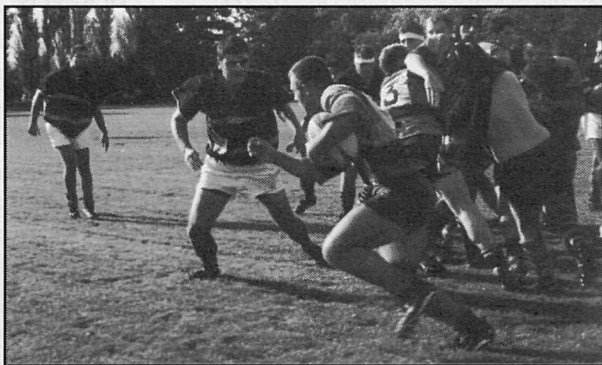
Rugby

GUY'S AND ST THOMAS' FIRST 15 v
NAT WEST BANK, KENT LEAGUE 1
SATURDAY,
24th OCTOBER - HONOR OAK PARK
WON 41-12

For this league game a few changes had taken place in the team. Challacombe was out with a broken jaw and Ben Wood with cracked ribs. A larger crowd than usual was at the game, which was being sponsored by St Christopher's Inn. The Club is most grateful.

The Hospital side took some time to get into their stride on a day when rain was driving across the pitch and handling errors were numerous before either side had got used to the concept of a wet and slippery ball. By the time Guy's started playing and applying pressure they were already two tries down and both tries came from handling errors. However, a penalty from Davies was followed by a beautiful try along the line when Bunting drew his man and sent Ed Nicholls for the try. After further pressure Edmondson scampered for a good try to take Guy's into the lead 15 points to 12. The ball was then passed ex-

pertly along the line, defying the wet conditions with great handling and Etoch sent in for another good try and 18-12. At this time the excellent tactical kicking of Morgan at scrum half and Davies at fly half were keeping Nat West into their own half. In difficult conditions like this it is easy for mistakes to be made and points given away. Nevertheless it was the Hospital who scored next when Henry, a recent acquisition from Oxford, crashed over the side's fourth try and a half time lead of 27 points to 12. In the second half the rain eased a little, but conditions were still very difficult. With the Hospital now playing into the wind, they managed to score two more tries and to keep the opposition out for a final score of 41 points to 12. Thus after a shaky start this was a satisfactory win for the hospital side. They remain unbeaten in the league after six



Edmondson on the charge for the student 1st XV

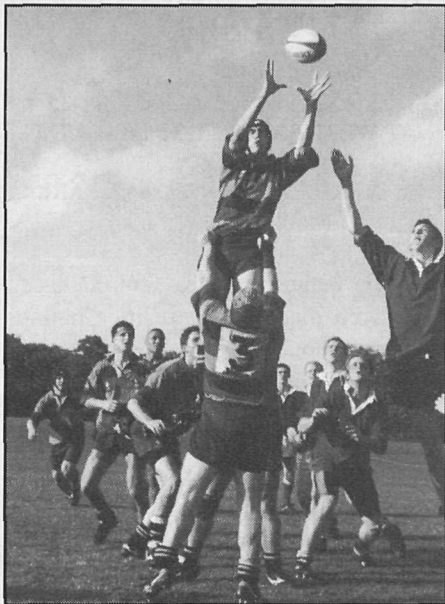


matches, and at times have played extremely well. However only one side is promoted from the league, and there are several strong clubs to play in the second half of the season. This was a good all-round performance, though a number of individuals took the eye. Ben Thorpe once again ruled the line with admirable support from his props. The scrum looked solid, and in the back row Pete Davies, new boy Henry and old boy Greg Ryan, made a formidable combination, and in the centre Bunting is beginning to show real class under the guidance of coach Steve Farr.

Team: Stacey J, Edmondson M, Woodsford D, Thorpe B (Captain), Andrews, Ryan G, Henry P, Davies P, Moran S, Davies N, Nicholl E, Behn E, (replacement Breeze R), Bunting S, Etoch R, Harvey N. Scorers Tries Nicholls, Edmondson, Etoch, Henry Penalties Davies, Conversions Davies

4

SJC



Clean line out for Ben Thorpe again

**GUY'S AND ST THOMAS' FIRST 15
v OXFORD UNIVERSITY GREY-
HOUNDS SATURDAY, 15th NO-
VEMBER - HONOR OAK PARK**

This is an interesting fixture for Guy's against a university side playing for the Varsity match in three weeks' time. At this time of year competition for places is fierce and Oxford bought a very frighteningly fast side to HOP. They brought them late, however, having been stuck in traffic in Lewisham. It became clear early on that Oxford were going to be very fast in the backs, but in the forwards, the hospital might



have the upper hand, and so it proved. Oxford scored first, when with a series of very fast moves they crashed over under the posts, but to their great credit, Guy's hit back almost immediately and surprised Oxford with a power of a scrum and then a rolling maul with scoring. This was repeated a few minutes later when Challacombe, who had just replaced the injured Llewellyn, found himself on the edge of another rolling maul to score a try, converted by Davies and a lead of 12 points to 7.

With the wind at their backs and Neil Davies at stand-off, it was expected that the hospital tactics would be to kick the ball to the corners and win the subsequent line out through the excellent work of Thorpe and Schofield. However this never materialised since the Oxford forwards moved up a gear in effort and with the loss of Stacey shortly after half time with the recurrence of a knee injury, it meant that Oxford had a monopoly of possession. They used this well and even tried a rolling maul of their own, but scored firstly to bring the scores level and then twice more, the last being in the dying seconds of the game or a win to Oxford by the rather flattering score of 24 points to 12.

This was however a very good game both to watch and probably to play in. Possibly with a full-strength side the

hospital could have obtained more possession and won, but they will have learnt that if we could inject some real speed into movements in the backs to match the efforts of the forwards, then Guy's could really be a very good side.

Team: Stacey J (replacement Bala-dasaran D), Edmonds N, Another A, Thorpe B, Schofield B, Challacombe B, Llewellyn W, Bario E, Morgan P, Davies N, Bunting A, Breeze R, Nicholls H. Scorers: Tries 2 Bario Conversion Davies



GUY'S V ASHFORD NOVEMBER 1998 KENT LEAGUE 1

On a bleak November day, with the rain driving across the Honor Oak Park pitch, Guy's welcomed Ashford for their first visit to the hospital grounds. In the end the game turned into an easy victory for Guy's, but this was a game based on good power play by the pack, and at times, excellent handling by the backs. Up to half time the match was fairly evenly fought, but Guy's went in the lead of 22 points to 3 and tries by Schofield, Edmondson and Ekowa. After the usual 10 minute period of sleep around half time when Ashford scored their first try, the hospital cut loose in the second half with a series of tries and really impressive handling. Both Vaughton on the left wing and Ekowa on the right scored two tries. In addition the pressure by the forwards, both in the tight where they often shove their opponents back at a rapid pace, and in the loose where it enabled Thorpe and Schofield to score under the post from mistakes. Guy's then indulged in a festival of open rugby in spite of the very wet conditions, with the ball being passed all over the field with driving play by the forwards. The final score was 64 points to 8.

This was the eighth league match for

Guy's, all of which they have won, and they sit comfortably at the top of the table, along with Old Dartfordians at the halfway stage.

Team Clinton R, Edmondson N, Stacey J, Wood B, Henry J, Bario E, Thorpe B, Schofield R, Murphy J, Davies N, Bundy A, Ekowa U, Arkwright A Vaughton A

Scorers

Tries Bario, Murphy, Ekowa (2), Arkwright (2), Etoch, Schofield.

Conversions Davies (5).

GUY'S AND ST THOMAS' FIRST V

TONBRIDGE, KENT LEAGUE 1 NOVEMBER 1998 WON 31-10

The Hospital are unbeaten in the league this year so far, and were looking forward to the first visit of Tonbridge to HOP. Tonbridge have developed a reputation for uncompromising play, particularly in the forwards, and have achieved a very sound record this season, having only been beaten once. Rather disconcertingly they play in gold and black hoops which look very similar to the Guy's colours, so the Hospital changed into their reserve kit.

The Hospital had a terrific first half, scoring four tries to nil, three of which were scored by Ekeowa on the left wing. Guy's got off to a great



start when from a faulty Tonbridge kickoff, Davies kicked the ball down-field and Ekeowa nailed the wing a few yards from the line. Thorpe took the ball cleanly from the ensuing line out and a rolling maul took Bario over the first score before any of the opposition had touched the ball. Guy's then had their customary rest for ten minutes or so with Tonbridge pressing on the Guy's line. However Ekeowa appeared after a good handling move on the right wing to squeeze in for the second try.

Shortly afterwards came the best try of the match, where with terrific team support, the ball passed through 15 pairs of hands, though not through every player on the Guy's side, before Ekeowa scored under the posts. This try was one of the best seen at HOP this season and a testimony to the support play that coach Steve Farr has brought to the team. The fourth try was scored in similar fashion with Ekeowa again making the final break under the post.

With a half time lead of 26 points to nil the game looked secure, but Tonbridge came back in the second half with some robust play. They were constantly penalised by the referee for use of the feet in the rucks and two yellow cards were shown. Shortly after Vaughton had scampered over for a fifth hospital try, Tonbridge, to their great delight, scored under the posts,

and with the final kick of the game, scored a drop goal for a final score of Guy's and St Thomas' 31, Tonbridge 10.

Another good performance by the Hospital. Some of the tackling was outstanding, particularly by Davis in the back row, and with Stacey and Clinton adding their weight to some impressive tackles from the front row. Out wide there were also good performances and also once again Neil Davies' boot drove the opposition back unexpectedly large distances, but the formation looks more secure, and once they cut out handling errors, they will be a formidable unit.

Team Clinton R, Woodsford D, Stacey J, Thorpe B, Wood B, Challacombe B, Bario B, Davies P, Murphy J, Davies N, Bunting A, Gibbons N, Ekeowa U, Vaughton A, Aldwinkle H
Substitutes R Breeze (40), A Young (57)

Tries Bario, Ekeowa (3)

Conversions Davies (3)

SJC



GUYS WATERPOLO SMASH LONDON AND SOUTH EAST

Men's waterpolo had a successful season last year which saw them power to both UL Cup and League titles and only narrowly losing the UH Cup to Barts. This season however, in the UL league they were offered no serious challenges and swept all before them in the first half the season with victories over Barts, Imperial, UCL. This big fish in the relatively small pond decided to it was time to mess with the big boys in BUSA. And on a dark December evening after months of rigorous training, honing mind and body to perfection, an elite squad of Guys men gathered at Boland House. This Blue and Gold army marched south to the University of Surrey..... rather than celebrate England's crushing of South African dreams. Guys was in group B of this BUSA South East which meant facing Hertfordshire, Surrey and Portsmouth.

After a quick warm up we faced Surrey in this rather shallow pool. After gaining initial possession the team was a little sluggish and a good pass by Surrey to their forward hole man lead to a soft goal (and indeed the only one to get past James Berry, our infeasibly tall goal keeper, all night) Guys re-

sponded swiftly and Dan Kinsey after some structured passing powered one past the Surrey keeper.

The Guys lions had awoken and started to play a full press not giving inch to Surrey, this tight defence broke down all of Surreys attempts on getting the ball up to the Guys goal. Guys then accelerated and scored three more goals in the first half (George, N.Lai and Kinsey) In the second half Surrey regrouped and started to press our players but never look like scoring and were totally overwhelmed by the Guys defence, Nick Lai (El Captain) then missed a couple of absolute sitters, to the horror of his team mates. However Kinsey 's eye was in and slotted in a textbook shot from six metres. Surrey defeated 5-1 and the boys were ready for anything.

Portsmouth were our next opponents after again wining initial possession we effectively deployed a structured offence involving a holeman in front of the goal surrounded by a ring of players feeding him the ball. Lai and George both scored from this set play overpowering their defenders. John O'Leary (yes, he is still here, resting at the Dental Dean's pleasure for an extra six months) scored on the break after Andy steeled the ball after some excellent marking. Portsmouth could do nothing about the stranglehold-like defence Guy's were deploying. They never stopped trying and Guys started

to use its bench of players, allowing our engorged captain to rest, who all played magnificently setting up another five goals (Alex Setchell, Andy, Dan Kinsey, Steve Tsang, George) Portsmouth had been ravaged 8-0 by this rampant Guys team.

Herefordshire the last and weakest of our group were unfortunate to encounter this unstoppable force as we were increasing in confidence and their impending humiliation was soon evident. Guys quickly broke down any attempt at entering into our half and quickly accelerated into the lead with just about every one scoring (except Ben Pearch despite efforts of himself and the rest of the team to the contrary. Notably George and Kinsey both put in spectacular spin shots. Then Fresher Dave, are own hardman of the North, opened his account with a couple of real peaches. One an amazing flickshot , receiving a pass while swimming on his back about five metres from the goal simply flicked the incoming ball past the keeper, all with out looking. James our rather by now bored goalkeeper thought it was about time he also opened an account and blasted one in to the right corner from his goal line! Herefordshire humiliated 12-0

We had now finished at the top of our group insuing qualification for the national quarter finals in January. However we now faced Southampton

who had beaten all of their group including some tough opposition in Cambridge and Imperial, to decide who was to be South East Champions. At last a worthy opponent , this was tough physical match with both teams looking for any opportunity, some steady passing gave N.Lai a shot. It was blocked by Southampton's best player a 6'6'' monster, our only satisfaction being that Nick had gouged a good slice of this monster's neck with his follow through, (which was bleeding beautifully in the changing rooms). On the turnaround Southampton countered fast and had a man up unmarked however John O'Leary was able to make it back and force a shot which James plucked out of the air. With still no score at half time, nerves were jangling and we knew our moment of reckoning was apon us! Again our defence was holding and early in the second half some fast passing gave George a sniff of chance raising himself out of the water he powered the ball into the upper left corner. Southampton redoubled their efforts and this brought opportunity where Setchell tiring, despite consuming the largest Galaxy bar available in the UK minutes before the game, was twice forced to foul and was temporally sin-binned both times. This gave them an extra man each time but they failed to convert due to some savage defending forcing the first shot which James delt



with brilliantly, using his freakish wing span. The second shot was blasted over the cross bar as their monster was heavily pressurised by Andy.

Fresher Dave entered the fray who was most incensed as some cad had half inched his T-shirt. Luckily the referee was on the other side of the pool as Dave, convinced by Ben Peach that it was indeed his opposite number who had taken his shirt, gave a display of the most brutal play witnessed at this tournament.

Southampton had had their chances, both teams now looked and failed to find any more cracks. And thus the final whistle screamed we became the South East Champions after a hard fought 1-0 victory over Southampton.

Which could not have been achieved without the excellent support from our merry band of followers. Suggestions such as "rip out their lungs" and "make them bleed" were most uplifting! However Ella Baines (women's captain) blatant flirting with some of Southampton's big boys was quite distressing (traitorous harlot) until she assured me that it was merely to distract them, though this did not explain why she was stroking the Cambridge captain's thigh in the pub afterwards, as we did not even have to play his team.

Ben Peach

Team N.Lai (C), B. Peach, "George"
I. Salisbury, D. Kinsey, J.O'Leary,
A. Setchell, S. Tsang, J. Berry, S. Ker-
shaw, Fresher Dave, Old man Andy



Guy's Memorabilia

<i>Crystal Whisky Decanter (gift boxed)</i>	<i>£70</i>
<i>Pewter goblets</i>	<i>£25</i>
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<i>4oz Hip flask</i>	<i>£14</i>
<i>Gold plated cuff-links (boxed)</i>	<i>£20</i>
<i>Keyring</i>	<i>£1.50</i>
<i>Paper weight</i>	<i>£4</i>
<i>250 years of Guy's book</i>	<i>£3.50</i>
<i>Crystal night cap set (2 tots, boxed)</i>	<i>£37.50</i>

(Please add £1 for postage and packaging. Crystal items not posted.)

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Fax: 0171 955 2832



**C J Padfield, MA, MB,
DPH, FRCP (C)**

Chris Padfield died peacefully at Kingston General Hospital, Ontario, Canada, on March 4th, 1998, after an extended illness. He was in his 58th year.

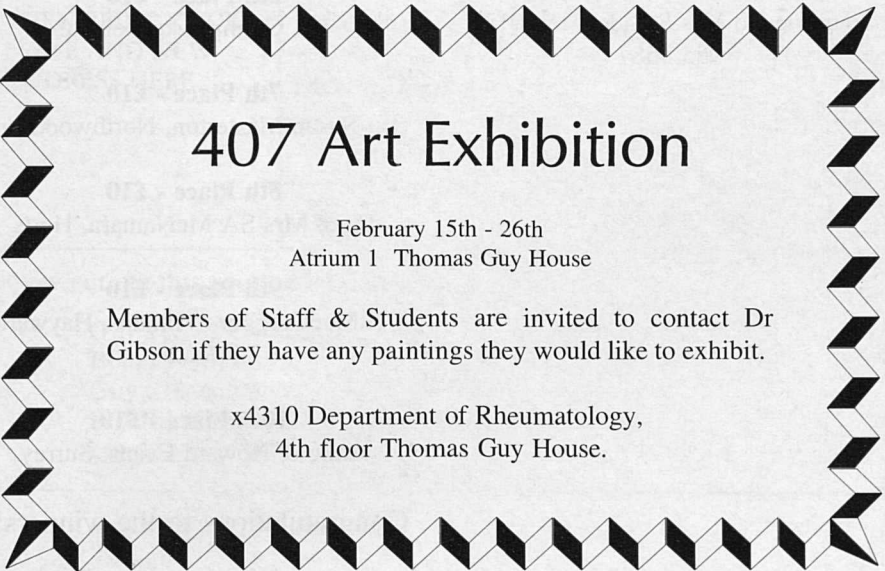
He came from Cambridge to do his clinical studies at Guy's in September 1961 and qualified in 1964.

He gave many years of dedicated and energetic service to Eastern Ontario in the care and protection of children, contributed extensively to the field of child health and welfare, and was a respected faculty member with the

Department of Paediatrics at Queen's University.

He was an active member at St George's cathedral, Kingston. He was a founding member of the Kingston Cambridge Society and a proud member of the Welsh community in Canada. A man of determination, generosity and warmth; his love and strength touched many.

He was present at the Guy's Biennial Dinner in 1994 with many contemporaries to celebrate their 30 years since qualification. The ravages of diabetes, the disease which Chris had fought since youth, were evident then.



407 Art Exhibition

February 15th - 26th
Atrium 1 Thomas Guy House

Members of Staff & Students are invited to contact Dr Gibson if they have any paintings they would like to exhibit.

x4310 Department of Rheumatology,
4th floor Thomas Guy House.



CLINICAL DAY 1999

GKT Dental Institute Clinical Day at Guy's Dental Hospital Saturday 6th March 1999. All alumni of the merged Schools of Guy's, King's and the Royal Dental Hospital are cordially invited to Clinical Day.

The occasion commences at 9.30am with the Herbert Memorial lecture, delivered this year by Professor TR Pitt Ford. This is followed by poster demonstrations and trade show and the opportunity to meet old friends and colleagues. Before lunch, there is the final lecture: "Cases you have sent" given by Mr PM O'Driscoll.

Enquiries to Mrs S Biden, tel. 0171
955 4587

Christmas Raffle Prize Winners

1st Place - £250

M.J.Varney Burch, Kent

2nd Place - £100

GP & DJ Hutson, Berks

3rd Place - £50

DR GS Amily, S Humberside

4th Place - £30

R Bret-Day, London

5th Place - £20

Mrs Winifred J May, Surrey

6th Place - £10

RA Cramp Esq, Reigate

7th Place - £10

Susan Masterton, Northwood

8th Place - £10

Dr & Mrs SA McNamara, Herts

9th Place - £10

CG MacGreggor-Williams, Haywards
Heath

10th Place - £10

Anne & Howard Evans, Surrey

Congratulations to the winners!

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Gazette Subscriptions

The subscription to the Gazette was raised to £20 two years ago in January 1997. You will be pleased to know that there are no immediate plans to increase this further at present, and that the Gazette remains very good value.

However, every pound helps since for us there is a fine line between profit and loss. However, some subscribers are still paying only £10 and we would appeal to them to change their bankers orders to £20. We would also appeal to older subscribers to maintain their subscriptions at £20 or even higher if they wish!

S.J.C
Chairman

GUY'S

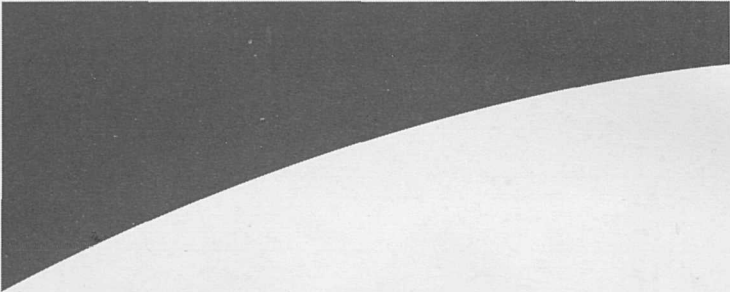
HOSPITAL,
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Gazette



February/March 1999

- Tony Gardners' Pub Crawl
- Thomas Addison
- Rugby Club Report



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GUY'S Gazette

CONTENTS - FEBRUARY/MARCH 1999

50 Passim

52 Letters - Vandalism, Air Race, 1950s reunion

58 News - Tooth decay advances, GKT Charities

65 Feature - BSc Strife

67 Feature - Thomas Addison

79 Weakending

83 Nursing Notes

85 Reviews

89 Sport - Rugby, Golf

94 Obituaries - E C Lewis, A G Spooner, Stanley Williams

96 Classifieds & Announcements

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Passim

Shortly after Christmas two trains hit each other outside London Bridge station. Mercifully no-one was seriously hurt and only a few passengers ended up in Guy's A&E to be treated for minor injuries.

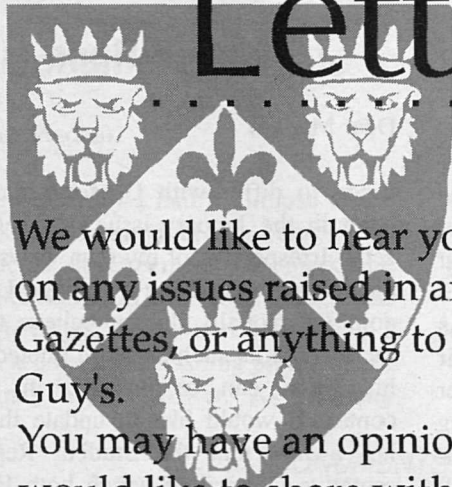
Now imagine if you will, another train accident in one year's time, March 2000. Unfortunately, this accident involves a direct hit between two packed trains, not dissimilar to the Clapham rail disaster, again just outside London Bridge station. There are numerous seriously injured people, the emergency services arrive and begin to evacuate the critically ill to the nearest A&E, which unfortunately now happens to be at St. Thomas', since all Guy's now has is a 'minor injuries unit'. The transit time to St. Thomas' in the rush hour traffic is unthinkable. With casualties such as these, when every second counts, the extra minutes added to the journey could well mean the difference between life and death.

The forthcoming closure of Guy's A&E, is a disaster waiting to happen. It illustrates mismanagement and poor planning on a monumental scale, not just at government level, but also in the Trust. Tim Matthews and Frank Dobson can conduct as many fancy presentations as they like, they are never going to be able to convince us that closing Guy's A&E is a good idea.

In opposition this government made a point of telling the electorate how bad it would be if acute services in London were 'streamlined', yet now they embrace the concept with open arms. With this sort of hypocrisy what hope does the rest of the NHS have?

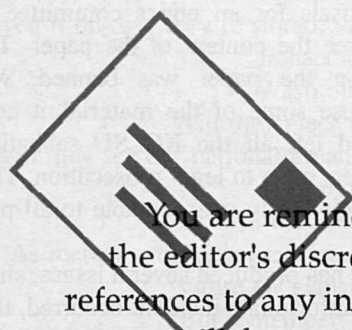
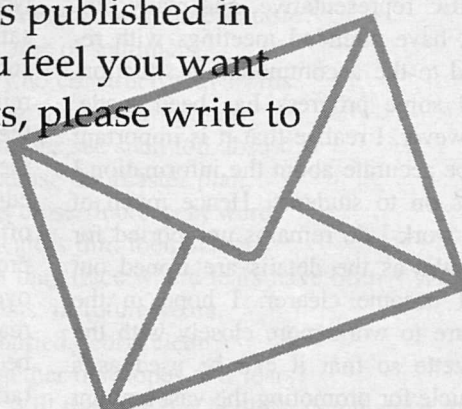
Simon Merritt

Letters



We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.



You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



Vice President Reply

Dear Madam,

I would like to address a few of the issues raised in Mr. James' letter (January Gazette). The increase in bar and photocopying prices are issues that concern the whole of KCL. As such, the GKT Vice President on their own does not have power of veto over such decisions. I am, however, along with the rest of the executive committee, campaigning on behalf of all students of KCL on these issues. Both myself, Jason in his capacity as a SMEC representative, and many others, have attended meetings with regard to the accommodation situation, and some progress has been made. However, I realise that it is important to be accurate about the information I pass on to students. Hence much of the work I do remains unreported for months as the details are ironed out and become clearer. I hope in the future to work more closely with the Gazette so that it can be used as a vehicle for promoting the vast amount of progress constantly being made by the union on behalf of students of GKT.

Yours faithfully,

Ellie Day
GKT VP

Silenced Roar

Dear Madam,

I beg to differ with Gregory James' letter in the January issue of the Gazette. Irrespective of my own views on the merger with King's College London, I personally do not believe that racist remarks such as those quoted in his letter, can be justified in any context. I would like to update those not aware, that the Student Representative Council of which both Ellie Day (GKT VP) and myself are members, reinstated the editor of Roar in November. This was after ensuring safeguards were in place to prevent such an incident recurring. Before his reinstatement, the editor apologised to the SRC, agreed to put an apology in the next issue of Roar, and acknowledged that the issue may have been offensive, and readily agreed to the proposals for an ethics committee to oversee the content of the paper. The reason the paper was banned, was because some of the material it contained left all the KCLSU sabbatical officers open to legal prosecution. This was obviously unacceptable to all parties.

Roar has produced several issues, since this unfortunate incident occurred, that have been available in Boland House as usual.

Jason Roach - News Editor

Monuments to Fate

Dear Madam,

The other day I had a glimpse of the massive dome that is being constructed at Greenwich to mark the millenium. On my journey to and from Guy's, along the Lower Road, I can see the light flashing on the top of Canary Wharf Tower. As a young

medical student, all these areas were thriving, commercial docks with a busy river traffic. I began to think what would be the fate of the structures by the Thames in a further century or, perhaps, a thousand years. I enclose my poetic deliberations.

Yours faithfully

David Tong BSc FRCP FRCR
Consultant Radiotherapist

MONUMENTS TO FATE

Why is there the unseemly haste
To construct plastic monuments?
Is heritage left to planners and to public taste?
What became of sentiment?
Will those of us who construct with words,
Leave a more lasting tower to man ?
Will future generations see such toil absurd,
When they peruse the master plan,
What happens to those fluorescent words
When communicators dim their screens?
Even if on disc they're stored, Will they trace where tears have been ? Will the
archaeologists, in future years,
Wash our buried debris clean?
Will they piece together our hopes and fears?
Will they see our national dream? Will they see our godless, commercial toils
As epitaphs to human greed?
Or, will they see those upon this mortal coil,
As merely satisfying inner needs? Should we strive for that perfect, golden
future Or glance, o'er shoulders at the past?
But remember, in colour, form or literature,
A thing of beauty lasts.

David Tong January 1999



Vandalism

Dear Madam,

In recent weeks, the SMEC office posters and publications have been subject to vandalism. It is most distressing to us, and indeed the rest of the committee to find that the time we sacrifice and the effort so many individuals put in on behalf of students seems unappreciated. We can, however, understand the frustration that students feel when it seems change is not occurring fast enough. It is an unfortunate fact that instituting change does take time. It is the committee's desire to ensure that any changes which might significantly benefit students are both permanent (as opposed to merely reactionary), and apply to all students, rather than individuals.

A major point of concern is the new GKT curriculum. SMEC has its own Bulletin newsletter awaiting publication which addresses many student concerns. Its release has been delayed to allow us to report the results of presenting two large surveys and numerous personal comments to both the medical school committees responsible for course monitoring and the clinicians who have to implement it.

We hope individuals with specific grievances can be more constructive

with their anger in the future, and send complaints or comments to us at smec@umds, by post to Boland House, or leave suggestions in the boxes in Boland House, or outside Lusty's cafeteria. We take this opportunity to thank the majority of staff and students, who continue to be of great help and support.

SMEC Executive Committee

Air race

Dear Madam,

In 1959 the Daily Mail sponsored an air race from London-Paris to commemorate the 50th anniversary of Bleriot crossing the channel. The race produced enormous publicity and entrants from the armed services and from civilian life.

I have just discovered an account I wrote of this race for the Guy's Gazette of 1959 (reprinted on page 53). Guy's was represented by Paul Older, a Junior Medical Student and I, a Junior Dental Student. As you probably realise 14 shillings represents about 70p.

Yours sincerely,

Harold Preiskel MDS. MSc. FDS.
Consultant in Prosthetic Dentistry

Guy's Hospital East Anglian Society

1950s reunion

Dear Madam,

May I request the courtesy of your publication to notify all Guy's Graduates in East Anglia that the 25th Biennial Dinner of the Society will be held on Saturday 24th April 1999.

We shall be dining at Sackford Hall Hotel, just to the West of Woodbridge on the A12. Mr H A Ripman will preside and our guest of honour is Mr W J Owen. I have sent details to all Graduates that I have on my mailing list.

If there are any Guy's Graduates who have not received notification and would like to attend this function or have their name added to the mailing list would they please notify me at the below address:

I H K Scott MChir FRCS
Honorary Secretary
Three Corners
Witnesham
Ipswich IP6 9HZ

Yours faithfully,

I H K Scott MChir FRCS
Honorary Secretary
Guy's Hospital East Anglian Society

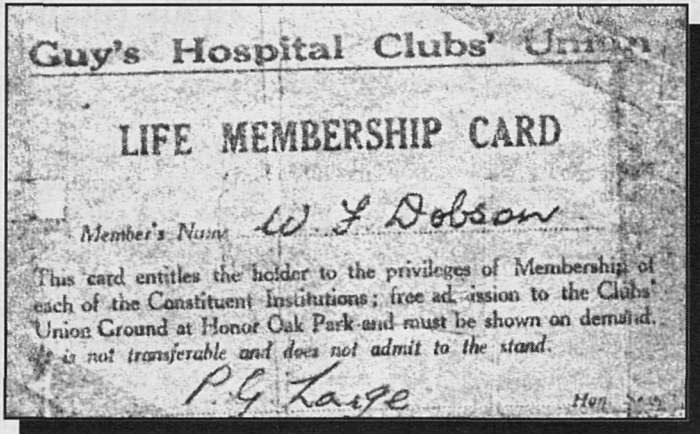
Dear Madam,

The 1950 Guy's medical graduates have never had any kind of reunion, and as the year 2000 will be the fiftieth anniversary of their qualification (as well as the Millennium!), it has been decided to hold a dinner for them and their partners in the Robens Suite at Guy's in order to mark the occasion. This has been arranged for Friday 5th. May 2000.

We have succeeded in contacting most of our surviving contemporaries, and so far over thirty have expressed their desire to attend. Full details will be sent to them nearer the time. There are still a few people from whom we have not heard, and in case our lists are in any way incomplete or inaccurate we are writing to seek the help of your columns in finding anyone who may have been overlooked. If they would like to attend what promises to be a unique and very special evening, will they please contact one or other of us as soon as possible.

Yours faithfully,

Barney Bass



Life member

Dear Madam,

I have read of so many titles of the new UMDS, now we read of 'GKT'. So what of my treasured 'Life Membership of Guy's Hospital Clubs Union'. How many old Guy's men feel the same?

Yours sincerely

Bill Dobson

n.b. No relation, thank goodness of you know who.

Calling all Blue Peter fans

I've never been a huge fan of John Leslie and the remaining Blue Peter entourage, only faintly remembering the episode where some 'dare-devil' presenter narrowly missed breaking his neck in a stunt, and the classic black and white out-take where the baby elephant poops on the stage. In fact I only mention it because, being a first year clinical student, I am increasingly feeling as though the powers that be, that organise our course (the GMC), who are obviously avid viewers themselves, have become thoroughly absorbed in the 'How to do' section and decided to adopt it to our course:- "... and this week profs and docs, we're going to show you

how to make a clinical medical course out of several symposia, 2 loo rolls, a Fairy Liquid bottle, a peppering of S.S.M.'s and some sticky backed Path!" Then all the organisers feverishly root through their boxes of goodies trying to find the appropriate 'ingredients' for the 'new course' until someone shouts out:- "Oh no, we haven't got much of that Path. Will a recycled Pregnancy study and a D.I.Y. general anaesthesia booklet do?" Then there's a moment of unnerving silence before a light ripple of amusement rolls merrily around the room: Yes, that'll do. That'll do very nicely indeed!

There are, however, always going to be teething problems when a course such as clinical medicine gets a huge overhaul; just as there always has to be a first batch of unfortunate guinea pigs with the unenviable task of pointing out the many pitfalls along the way. But that's not to say that some good things haven't come out of the 'new and improved' course. S.S.M.'s provide us with the opportunity to study, in great depth, a subject matter that interests us. A fresh idea allowing the students the freedom of choice to spend time learning material of interest to them, thereby helping us remain motivated in our overall aim of qualifying. But why must they be such an integral part of the course? Our hands are tied as the amount of pathology

teaching we have is radically reduced. Yet at the same time, we are all allowed to decide whether we would like to spend 20% of our time learning how X-ray machines work or how to say 'I would like 2 ham sandwiches and a coke' in Spanish.

I may simply be over-dramatising the whole affair, but I spent this summer relishing the thought of sinking my teeth into some real clinical medicine (and the chance to wear a white coat with a faceless name badge), and now I am beginning to feel as though I've lost my way. The core curriculum is, of course, on the internet. The only problem is that it's about the size of a telephone directory so we all have to either carry around a ton of timber in our rucksack or develop the memory capacity of Jonny Mnemonic. Still, we did all get through year 1 and 2 exams didn't we?..... Yes, Yes, it will all be alright in the end. Everything's going to be ... O.K.

I expect the disillusionment that I am feeling now must be overcome by realising that clinical medicine cannot simply be taught in the Harris theatre with bite-size lecture objectives. It is more a case of self-motivated education, aided by trying to osmose as much information as possible from the medical team that we are assigned to for each rotation. And then all I will be left to overcome is the fear that one morning I will wake up and see an



ominous brown envelope with my name printed on the back (a la registry), that informs me:- "Dear student, this letter is just to tell you that you are expected to learn the Pathology of every known disease (including the ones with unpronounceable names) for the September exams. We strongly recommend the Underwood textbook. Good Luck!"

James Warburton
1st year clinical student

Medical Sickness advises Doctors and Dentists to take a Financial Healthcheck

With the demise of Personal Equity Plans in April, specialist financial adviser to doctors and dentists; Medical Sickness, is advising doctors and dentists to take a financial health check in 1999. They have announced details of a series of pension and investment seminars which will cover the key aspects of pension and investment planning. Running throughout February and March, the seminars will be held at locations throughout the country. Commenting, Vaughn Hartman, Marketing Director at Medical Sickness said: "With all the changes to PEP investments and pensions, it is vital for doctors and

dentists to be aware of all the options available to them. ISAs will be introduced to replace PEPs in April this year, and have ended up being quite complex investment vehicles, although Medical Sickness will be introducing a 'no nonsense' ISA which we've made as simple as possible. "Medical Sickness feel that there will be a lot of questions in all aspects of investment and pensions that will need to be answered and we have designed our seminars specifically to help doctors and dentists make informed choices in their financial planning."

If you are interested in attending one of the seminars or would like any additional information please contact:

0808 100 1884.

Novel agent joins the Wellcome fight against tooth decay.

Dental caries and tooth decay have a new enemy-researchers have developed a novel compound that coats the tooth surface preventing harmful bacteria from sticking to teeth and causing damage for up to four months. Their findings have just been published in this month's Nature Biotechnology magazine. The bacterium *Streptococcus mutans* is the most common bug



found in the mouth and is also the main cause of tooth decay or dental caries. Although regular brushing or rinsing with antibacterial mouthwash helps to keep levels of the bacteria down, after just a few hours bacteria and food particles form plaque on the tooth surface. The bacteria produce acid that eats away at the tooth's enamel, forming minute cavities which, if left untreated, cause tooth decay.

The new compound developed by scientists with funding from the Wellcome Trust, the world's largest medical research charity, binds to tooth surfaces and prevents *S. mutans* from sticking. Tooth enamel has proteins on its surface which are folded into a three-dimensional shape leaving docking sites (receptors) exposed. Bacteria like *S. mutans* cling to enamel via these specific receptors and begin to erode the tooth. "We have designed a new compound, p1025, that only recognises the *S. mutans* receptors. p1025, competes for these receptors and inhibits bacterial binding and activity. We now have a very exciting tool-a robust compound with very high activity and affinity for one receptor," explains researcher Dr Charles Kelly of Guys, Kings and St Thomas' School of Medicine and Dentistry at Guys Hospital, London. With growing concern about the possible over-use of antibiotics leading to increased antibi-

otic resistance, the development of a new compound which only acts to prevent one specific bacterium without affecting others, is very timely.

The researchers have already carried out tests on 11 volunteers with great success. Almost all the volunteers who were given p1025 treatment remained bacteria-free for up to four months: without p1025 treatment bacteria had returned within two months. The scientists now hope to work with Actinova - a leading pharmaceutical company - to develop a treatment that can be used by dental health professionals in the fight against tooth decay. "Dental health treatments are increasingly becoming more about preventing decay than the art of filling teeth. The incidence of dental caries has fallen in developed countries - this improvement in dental health is due to the successful application of established preventive measures. Our compound, p1025, represents a new opportunity for prevention and could lead to a further reduction in dental caries," says co-researcher, Professor Thomas Lehner.



Bar dies

The future structure of Boland House is now finally beginning to take shape. As Guy's prepares to become home to the biomedical sciences of King's College London, as well as an intake of over 340 medical and dental students, focus groups were held on 15th february to discuss the future of the bar at Guy's.

Current plans are to completely gut the floor currently holding the bar, and to convert what used to be the snooker room, and surrounding space, into the new Guy's Bar. This will leave what is presently the bar area free to be converted into a nightclub to host student events.

King's College Student union are keen to stress that although time is a key factor (building has to begin in June to be ready for September 1999 intake), student input is imperative, and Ellie Day welcomes student views at any time.

Current ideas point towards allowing the design of the new Guy's Bar to retain much of the character of the present one, only with air conditioning, heating, non smoking areas, and food.

General opinion seemed in agreement that as long as old traditions could continue and the atmosphere of the present bar was not lost in this brand

new bar, then a club with a much more modern feel would be an attractive contrast.

With a budget of close to \$1 million, we look forward to a new and necessary student facility at Guy's.

Jason Roach

Any Bright Ideas?

Ellie Day (GKT VP) was finally able to launch one of the projects she has been heavily involved in to ensure that the old traditions of the now merged institutions are not forgotten. The committee met for the first time on the 9th February. Although this initial meeting was chaired by Ellie herself, it is envisaged that members of staff might chair this committee in rotation. With the advent of new bars, cafeterias, buildings and lecture theatres, the role of such a group is of extreme importance. The next few months are very much developmental, establishing which areas require specific representation. Input is welcomed from both students and staff.

Losing Identity?

The advent of GKT has meant many things to many people. Some have accepted and embraced change with open arms. For others, this has not been so easy. Both educationally and socially, present arrangements within this new school are far from perfect. However there can be no doubt that everyone involved in these matters, right up to the highest levels, are aware of the problems. Unfortunately, it is unrealistic for anyone to expect problems to be resolved overnight. At the same time contingency planning for current problems, have to and are being undertaken. Perhaps at Guy's and St. Thomas' our views are sometimes muddled by the deep dark waters of hatred for King's. This is no secret, and indeed the national press have become increasingly aware of the anxieties being felt by students.

But without this overwhelming feeling of belonging, who would be there to battle to maintain our traditions? It is such loyalty that has led to developments such as the Hospitals Committee (see Gazette News article). An old St. Thomas' man recently commented that "The next generation of London medical students will find it impossible to feel part of an institution". I wonder whether the new intake of fresher medical and dental students

will consider themselves medical students of Guy's, King's and St. Thomas' Hospitals or those of King's College London. With in excess of 300 students, it could prove difficult to even get to know each other.

There was something special about the time I have spent as a student of Guy's and St. Thomas'. Something which cannot be quantified in terms of research ratings, course organisation, or efficiency. Does this issue really matter? It certainly warrants a place on what must an extraordinary large "to-do" pile, on the desk of the chairman of a specially commissioned working party - somewhere. Although I am confident that in the short term, current problems will be adequately addressed, and some even disappear as more senior students graduate, I think Mr. McIlvines' message sets the scene for the not too distant future. One in which being associated with internationally renowned Hospitals, no longer has any meaning to the students they train.

Jason Roach

McIlvine A. Students given no chance to be loyal. Hospital Doctor; p. 28

Patrick C. Teething Problems. Time Out; p. 134



GKT Rag Week Charities 1999

Rag week this year was successful in raising in excess of £70,000, the final figure has not been confirmed. The following charities shall be benefiting from the weeks fun antics amidst the serious task of fund-raising.

Tommy's Campaign Reg Charity No 1060508

The national charity "Tommy's Campaign" has a single, vital goal: to make pregnancy and childbirth safer for mothers and babies worldwide. The charity funds medical research into the causes of premature birth, miscarriage and stillbirth, and informs mothers-to-be about how to reduce the risk of having an unwanted pregnancy. In the UK alone, a staggering 40,000 babies are born too small or too soon each year, one in four women miscarry and one in 175 babies are lost through stillbirth. Amazingly, these figures have barely changed for fifty years, despite the magnitude of the problem and the huge advances that have been made in other fields of medical sciences. Tommy's Campaign has appointed its own Professor of foetal health who has set up a dedicated research group which is fast becoming a significant force in

the medical research world. The charity is also funding a wide range of innovative foetal health projects nationwide.

Evelina Childrens Hospital Appeal Reg Charity No 251983

"The Evelina Children's Hospital provides the specialist paediatric care demanded by patients. The support needed to treat cardiology, renal, neurology, general paediatric and intensive care abnormalities of babies and children is higher than ever. The unit is based at Guy's hospital and it pioneered the concept of parents being closely involved in the care of their children; a practice that is now carried out across the country. They focus on a number of specialities. It is the biggest centre for child heart disease and congenital malformations in the world, and at the forefront of heart disorder diagnosis and treatment. They routinely see over 2000 children a year with the second largest kidney programme in Europe. There is also a unit for neurological problems affecting the brain, spinal cord and muscles.



Left Heart Matters
Reg Charity No 1058735

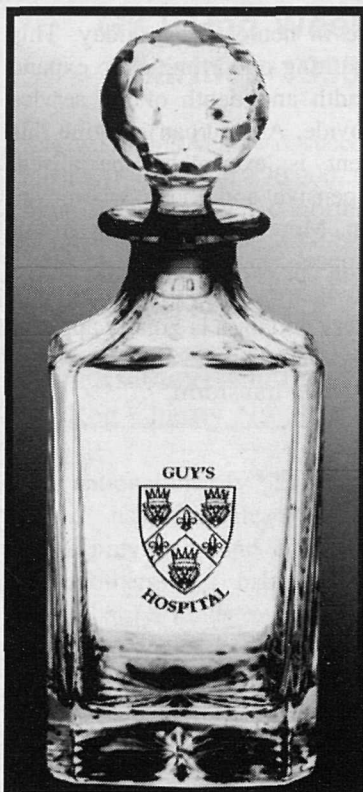
"Left Heart Matters" is a charity set up to help babies born with a particular heart condition called 'hypoplastic left heart syndrome'. Without treatment by means of a very big three stage operation or transplantation, the baby will die. There are only a few centres that are able to treat this condition, one of which is Guy's Hospital. There is much research to be done into this condition and any money raised would be used to provide essential equipment at Guy's Hospital.

King's Brainwave Appeal
Reg Charity No 1002401

The "King's Brainwave Appeal" is designed to help the King's College Hospital Children's Neurosurgery Unit. Children's Neurosurgery is a very complex speciality providing care to children who are extremely ill and includes children with brain and spinal tumours, head injuries, hydrocephalus, brain haemorrhages, epilepsy and congenital abnormalities such as spina bifida. The number of children treated has doubled since 1995 and continues to increase. The unit has children ranging from a few days to fifteen years old. Advances in medical technology occur at a blind-

ing pace in neurosurgery today. This offers exciting opportunities to expand the breadth and depth of the service they provide. As you can imagine this equipment is extremely specialised, very expensive and that's where you can help. Money raised by the Brainwave Appeal would be used to buy a Neuronavigator and a Video-telemetry unit. Every donation is greatly appreciated - especially by the children whose lives it would transform.

Guy's Hospital Gazette



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GGCD'99

BSc Strife

Thinking of doing a BSc? - Read this before deciding

Many second year pre-clinical and some clinical students at this time will be turning their heads towards the possibility of undertaking an intercalated BSc. With around 60-70% of the year taking this option it seems an inevitable choice. I myself fell into a modest category who were initially unsure and it was only the imminent seclusion from friends and having to endure a possible barracking from them, that I plumped for this option.

The transition from irresponsible BMS student to level headed "student doctor" seems a daunting one for many. A BSc offers a chance to shelve this responsibility for another year and venture into the world of evidence based research/medicine. Initially, there does not seem to be that much of a difference to BMS. I enrolled in the Physiology course and was greeted by familiar lecturers and equipment (exercise bikes Dr Imms pinched from E.H. Starling). The Physiology course, more than most, breaks away from the "spoon fed" approach adopted in the pre-clinical years with the students having to present core topics and critical analyses of appropriate literature. The pace of the BSc seemed the hardest aspect to grasp. Periods of inactivity were often followed by two deadlines to meet in the space of two days.

A second unit module also had to be chosen and the Physiology course offered a choice from endocrinology, salt and water balance, neuroscience and exercise physiology and this dictated the type of project that could be embarked upon. I chose the neuroscience course which was being offered as an option for the first time and consequently my project was based in a renowned pain laboratory (pun intended). We attended lectures with the diligent Neuroscience BSc students after Christmas and obediently sat on chairs that span us around.

The importance of choosing the correct project cannot be underestimated. You will be spending at least two months in the same laboratory, the same people and in the same routine. Many students seem attracted by the more prominent lecturers and department heads that wooed them in the first two years. However, it



is worth remembering that they often run many research projects for students and, even if they are in the country, will have little or no input into your personal project.

There tend to be two types of project: those that are technically complex and taxing yet yield fewer results; or there are the projects that are slightly more monotonous, with simple protocol but are prolific. A balance between these two can be achieved and it is important to establish what a daily routine would involve. It is important that you are at ease with your supervisor as you will be spending a lot of time around them and they will be assessing your work at the end of the year. It is also worth remembering that the vast majority of research fellows do not come from a background of clinical medicine hence do not understand the mentality or the ambitions of the medical student and vice versa. Most students were expected to stay in the laboratory until a decent day's worth of recording had been achieved, meaning hours from 8.30 am to 6.30 pm were not unusual. It can also prove difficult to get time off for sports on Wednesday afternoons, so it is worth checking out which days you will be expected to work on the project.

On the whole the BSc year can be regarded by some as a successful time, although the reasons do not seem that obvious for a while. Managing to get your research published is obviously rewarding and having to interact with a work place where you realise very quickly that you are the outsider, although initially daunting, is an experience in itself. Being responsible for setting up apparatus, specimens and generally recording the results with little interference from your supervisor can be fulfilling. However, many of my colleagues were left in an environment that they felt uncomfortable in and often neglected, a general experience that left them with bad tastes in their mouths. For the majority of the students who intercalate a BSc, the one thing that they learn is that research is probably a path that they will not pursue, however, a small minority are inspired to brave another three years as a PhD student. Most students can now undertake a BSc simply for the sake of it, whereas in the past only the more academically exceptional were considered. It may be a case of safety in numbers nowadays, but do not be too surprised, that come the end of the year, you are not shouting from the rooftops, even though your friends are.

Navtej S Chahal



Thomas Addison and his contribution to teaching at Guys

Thomas Addison is an example of a most intriguing Guy's character. He was an Edinburgh graduate (1815) who entered Guy's Hospital as an ordinary student to be a 'perpetual physician's pupil' on December 13th, 1817. Addison was later appointed assistant physician to Guy's in 1824 and had two different guises as a teacher and physician.

'...his students who reportedly "accepted his every word as pure gospel."'

Addison the teacher was said to have been dogmatic but worshipped by his students who reportedly "accepted his every word as pure gospel." His teaching style was enhanced by his mode of presentation, delivery and the presence of the man himself. He

has been described as a well-made man with a seemingly piercing glance who would stand tall and wear a black coat buttoned high-up with a black stock, which made him appear even taller. His commanding appearance was further accentuated by his dark hair, side-whiskers, bushy eyebrows and firmly knit mouth. He lectured on Medicine and Materia Medica, the pharmacology of those days, and his lectures were said to be of a "superior order, extempore, couched in good language, which amounted sometimes to a real eloquence."

As a physician Addison proved to be very accomplished and accurate, however he appeared to exude an air of arrogant aloofness which prevented



him from achieving the great material success he was capable of. This fortunately left him with more time to concentrate on his patients and students. However, it appears that under this blustery exterior there existed an underlying covert nervousness and he himself states that, "I never rose to address even the Junior Physical Society at Guy's without feeling nervous." This was only the Student Society and I wonder how he must have felt when he was addressing the Senior Society a place where open debate would occur amongst his contemporaries.

His devotion towards reaching the correct diagnosis left him with little enthusiasm to prescribe treatment. This was because he honestly did not know what treatment would be of benefit with the pharmacopoeia of the time being especially limited and the only drugs of benefit being quinine for malaria, digitalis for heart failure, colchicine for gout and opiates for pain.

'The existence of the famous wax models in the Gordon museum depicting diseases of the skin can be attributed both to the sculpting genius of Joseph Towne and to Thomas Addison's perseverance in finding patients.'

This attitude did not find favour with his patients to whom treatment was of the utmost importance and a diagnosis of next to none. He extolled the virtues of nature curing itself, echoing Hippocratic sentiments and in this sense he was practising beneficence and non-maleficence, which are two aspects of the ethical code we are compelled to follow. What we can learn from this is the importance of being cautious and discriminating in prescribing medicine to avoid iatrogenic disease because of drug interactions due to polypharmacy. He contributed to teaching at Guy's by founding the school of Dermatology and he became the first physician in London to give lectures on skin disease. The existence of the famous wax models in the Gordon museum depicting diseases of the skin can be attributed both to the sculpting genius of Joseph Towne and to Thomas Addison's perseverance in finding patients. He also contributed to the reformation of the clinical course



at Guys, which had been structure-less and insufficient prior to 1825. As an Edinburgh graduate, the importance of systematic case reporting had been impressed upon him and in 1828 he introduced to the London medical schools, the practice of making students systematically clerk specific ward cases. The reports would then be read to the physician, commented on and then formed the basis of a clinical lecture. This act probably influenced the formation of the Clinical Report Society in 1836. This patient-based method of clinical teaching is familiar to any clinical student and it is surprising to think that clinical medicine had not always been taught in this manner.

'However at this stage in history observation was actually all one could do, apart from the stethoscope there was really no other effective means of investigating patients.'

Addison's academic achievements included the first descriptions of the clinical and post-mortem appearances of appendicitis, which would rival any modern day pathology textbook. He also gave an early description of the classical four stages of acute inflammation in lobar pneumonia,

namely that of congestion, red hepatisation, grey hepatisation and resolution familiar to any pathology student. He made advances in chest medicine, dermatology, gastroenterology, gynaecology, neurology and toxicology and this diverse range of interests reflected his innate dislike of specialism because it "savoured of quackery." However, his most famous achievement stems from his description of a disease of the suprarenal (or adrenal) glands later coined Addison's disease. This disease usually presents with electrolyte imbalances and hyperpigmentation and in the United Kingdom is mainly caused by autoimmune destruction of the glands, but world-wide is caused by tuberculous destruction. In fact the whole of endocrinology is said to date from March 15th 1849, which is the day when Addison first made his short address about the disease to the South London Medical Society. He also discovered the existence of another disease, which



is associated with autoimmune destruction of the adrenal glands, namely pernicious anaemia. This is due to the presence of auto-antibodies to intrinsic factor, which causes the malabsorption of vitamin B12 and a resultant anaemia. Addison is the only physician to have discovered two diseases and have them both named after him, namely, Addison's disease and Addison's anaemia.

Addison emphasised the importance of observational medicine both at the bedside and in the post-mortem room (clinico-pathological correlation) and from this wrote the most beautiful descriptions of certain diseases we are

' In his life, Addison did not receive as much recognition at home as he did on the continent, this recognition at home was to occur posthumously.'

familiar with today. However, at this stage in history, observation was actually all one could do, apart from the stethoscope there was really no other effective means of investigating patients. Thermometers and methods of measuring blood pressure did not exist and instruments such as the

ophthalmoscope were not known of, even though Heilmholtz had demonstrated this instrument as early as 1851. He also emphasised the importance of making the correct diagnosis through his arguing of the positive and negative findings of a case placing the diagnosis on a sure foundation. A humorous anecdote which demonstrates his diligence, is of his return to a Guy's ward late at night after realising at home that he had not satisfied himself that a patient he had seen that afternoon had a hernia. This was much to the astonishment of the ward sister. What we can surmise from this is the importance of always questioning ourselves on whether we have made the correct diagnosis.

Addison reluctantly resigned from Guys in March 1860, following an attack of gallstones and jaundice much to the sadness of his students. It is said that the Guy's students 'feared rather than loved him,' which is difficult to

believe when one reads an extract from the touching letter written by Addison to a student.

'I can truly affirm that I ever found my best support and encouragement in the generous gratitude and affectionate attachment, as well as my proudest reflections, in the honourable and most exemplary conduct, of its pupils.'

The most saddening aspect of his life involves the circumstances around his death. He moved from London to Brighton for the sake of his health and towards the end he exhibited the signs of depression by being subject to 'awful fits of despondency.' His mental state deteriorated after his said involvement with a harassing criminal case and following the deaths of two close friends. He had made several suicide attempts and unfortunately succeeded on one occasion by managing to jump off a wall and falling a distance of nine feet below. He died some twelve hours later and the coroner's verdict was one of accidental death secondary to depression. In his life, Addison did not receive as much recognition at home as he did on



Guy's Memorabilia

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<i>Keyring</i>	<i>£1.50</i>
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the continent, this recognition at home was to occur posthumously.

Recent research suggests that Addison's symptoms may have been due to a carcinoma at the head of the pancreas with secondary deposits in the brain accounting for his jaundice, gallstones, emotional disturbances and aversion towards food. He may have thought of suicide as a logical solution to an intolerable situation. Unfortunately we may never know the exact details, however, my impression of Addison is that of a doctor who can be admired for his clinical prowess and his humanity because he was very much a human being with weaknesses as any other human being.

Dulani Mendis
DHMSA 4th Year

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Bleriot Capers

(Paris on 14shillings/70pence)

Our adventure really began in the Prosthetics Laboratory, midst the noises of filing and grinding, the moan of tormented electric motors and cries of anguish that one invariably associates with the construction of dentures. Paul Older and I were going to enter the Daily Mail London-Paris Air Race but we were not very sure how to go about it.

Manufacturers of seaplanes, jet aircraft and helicopters were all very polite but none could be found willing to provide the necessary transport free. Ours was obviously going to be an economy run.

After much ado, Paul managed to persuade the very generous managing director of Lambretta to provide us with two scooters and expert riders in London and Paris. Meanwhile, I had talked a kind friend into lending me his 25-year-old Miles Hawk Major, assuring him that I stood a sporting chance of finding my way to Paris and bringing him back his aeroplane in one piece. The problem had by Messrs. Preiskel and Older with the "Dairy Felta" at Marble Arch, of finding a

'...none could be found willing to provide the necessary transport free. Ours was obviously going to be an economy run.'

suitable aerodrome near London, was solved by a girl friend, who somehow arranged for us to use Croydon. The French authorities, however, were not at all keen on a 25-year-old sports plane infringing their air-space especially

as it was equipped with no radio or navigational aids apart from a compass and optimism. As for landing, "Mon Dieu, c'est impossible!" In a torrent of French the commandant of the Paris Heliport hastily withdrew his permission to land when he discovered that (a) we carried no radio, (b) we were not a helicopter anyway. Finally, however, the commandant of Toussous Le Noble, an aerodrome near Versailles, was persuaded that we were a safe proposition and, as we thought, arrangements were nearly complete. We were to begin our run in a pram and finish up on roller skates just to demonstrate that we were students working on a very tight budget. Our plan was thus: start in pram, scooter to Balham, M.G. to Croydon, Hawk to Toussous, scooter to Paris finish on roller skates. The 'Dairy Felta' as our modified pram came to be known, was entirely Paul's creation. In



her final state she was just over 15 ft. long about 6 ft. wide and as stable as an overloaded hay waggon in a hurricane. As for the roller skates we tripped, stumbled and sprawled our way around Streatham, colliding with odd lamp-posts, pedestrians, traffic-lights and cars, clinging to startled passers-by and terrorizing the local population. Even Paul, who had gaily assured me that this art would take just 10 minutes to master, was forced to admit a partial defeat.

We decided to pay Paris a visit on Friday, 17th July; in order to make a note of useful landmarks and find out if my navigation was up to the strain. We managed to get hopelessly lost over the featureless countryside of Northern France but eventually found Toussous - where we got the shock of our lives. Instead of the orderly and efficient landing code practised in England, we found ourselves in the midst of a crowd of waltzing helicopters, jets, gliders and even airliners all tied up in a mad Scramble to land at their various aerodromes. There were 5 aerodromes within 4 miles and the chaos was fantastic. Apart from nearly ramming a helicopter landing at the wrong aerodrome, and narrowly winning a dog-fight in the landing race, our arrival at Toussous was almost uneventful, the only untoward occurrence (by French standards) being the antics of a helicopter pilot who patiently waited for our vehicle to land before performing a lightning take-off. Small wonder that I made one of the worst landings of my flying career and nearly finished up in the restaurant, where the French director of Lambretta was awaiting us with a splendid lunch.

Two very tired and almost sober students arrived back at Croydon that evening after a long flight home which had not been simplified by an absolutely hopeless French met. report On Sunday, 19th June I was to make the first run with Hilary a lady friend, as passenger. This was by way of a reward for the great help she had given both Paul and myself. We made a racing start in the 'Dairy Felta' - a running jump and we were both seated on the back of TV 175's ridden by Lambretta's chief road tester and their head mechanic. I shall never forget those first few terrifying minutes as we cornered at impossible speeds, silencers scraping the ground. A long way behind I could just see my uncle's A.C. - Bristol gallantly baulking half the police patrol cars in London. I wondered if we should ever reach Croydon - but not for long. I vividly remember falling clear as, with an appalling crash the machine rolled over in a shower of sparks and dust - then I hit my head on a car. I next remember sitting in the road with a ripped flying suit surveying the wreckage of a Lambretta lying against the parked car with which we had collided, while out of the settling dust emerged my rider, almost unscathed. With the Lambretta perished our roller skates The next stage of the



Messrs. Preiskel and
Older with the
"Dairy Felta" at
Marble Arch.

*(With permission of
Keystone Press
Agency)*

journey was completed in the A.C., which had managed to elude its unwilling police escort and we eventually arrived at Croydon 17 minutes after the start thanks to some fantastic driving by Paul.

The rest of our journey went comparatively smoothly and we arrived in Paris 2 hours 44 minutes from Marble Arch. Tired and happy as I was to reach Croydon that evening the thought of the 'serious' attempt with Paul the next day made me tremble. The fame of the blue and yellow 'Dairy Felta' had grown and it was with considerable difficulty that we were able to negotiate the throng of well-meaning photographers and TV newsreel men around the start. 5-4-3-2-1 Go! We shot off the starting line Paul gallantly pushing behind while I clung to my precarious position in the 'cockpit'. Out of the corner of my eyes I saw the Lambretta boys come alongside - counted 4 and jumped. This time our police escort were wise to our tactics and managed to stay with us in spite of hand-signals we made (not found in the Highway Code) which clearly indicated that their presence was not appreciated. We finally lost them in a maze of side streets near Sloane Square. Then began our hair-raising 'wall of death' act between buses, lorries, cars and cyclists. We melted through non-existent gaps but our riders' brilliance was lost on me - I was petrified. Every traffic light was against us but at last we picked up the M.G. at Balham. Paul was in a hurry, fighting desperately to make up for lost time. Never will I forget the face of the milkman who thought we were going to stop, the face of the driver who tried to turn in our path . . . and changed his mind, or the unfortunate learner who was overtaken by an M.G. travelling sideways, which then shot across his bows and disappeared into a side-turning in a cloud of dust. Alas! An ominous knocking became audible above the squeal of



the tyres. With a final cough we slid broadside into the kerb with a seized engine. After an age the Lambretta boys who were following us 'just in case' picked us up and took us to Croydon. Our schedule for level crossings and traffic-lights had been wrecked and the journey was interminable. It was a very relieved pilot who sank into the controls of the Hawk and set course for Eastbourne. 20 minutes later Beachy Head turned up on course, then 80 miles of sea. Minutes later we were lost in a wondrous nebulous maw, out of sight of shore. 3,000 ft. below us a ship slowly chugged its way to its unknown destination. "Dirty British steamer, with a coal black....." Engine Failure. I shot back to reality but the instruments were reading normal. The rev-counter mocked me and said, "Silly Ass" - then I relaxed: I was enjoying myself thoroughly when Dieppe turned up on course-this time the navigation was perfect.

Apart from an emergency dive (which nearly threw Paul out of the aircraft) avoiding an over-enthusiastic competing Hunter-the flight to Paris went according to plan. Where is Toussous? We just couldn't see the aerodrome-then it dawned. We were directly over it: to fly another circuit would lose valuable time. "Well, this is France" I muttered as I shoved the Hawk on its nose' and plummeted down onto the aerodrome. A tight turn, flaps down, and we finished our landing turn in the aircraft park, much to the consternation of onlookers. 10 seconds later found us breathless in the custom shed - it was empty.

The gentleman who eventually arrived had never heard of the race and insisted we filled in special forms in duplicate. 1 minute later he stamped them and we sprinted for the machines. Unknown to our friend, the Customs official, he had just authorized the landing in France of a Chinese Sausage Skin Whisker Remover, and a Japanese Sanitary Engineer. Now we were whisked off to Paris. These machines were only 125 c.c. but the riders had entered into the spirit of the race and jumped every red light we came to.irate screaming drivers demanded justice, but our riders just smiled sweetly and pointed to the competitor's label on my crash-helmet. We shot a final red light, scattered a last group of pedestrians and slid into the Paris control point. Our time? Just one second less than the previous day. The cost? The fuel for the aircraft, scooters and car, together with the landing fee came to under 15 shillings each! We were certainly the most economical entry and we were thrilled to beat every other student entry together with many competitors using far more elaborate means and fast aircraft. We contentedly sipped a lemonade, having accomplished all we had hoped for, and enjoyed every moment to the utmost.

Harold Preiskel



The Friends of Guy's

Butterflies in the eye of the beholder

Nearly everyone has visited a home or hospital ward where the very old and frail are cared for. It can be a pretty gloomy experience; there is usually a television but no-one is watching, the patients slump in chairs or beds and stare vacantly into space. Its hard to tell what they think, if they're happy or sad. The bright chatter of the television mocks the silence.

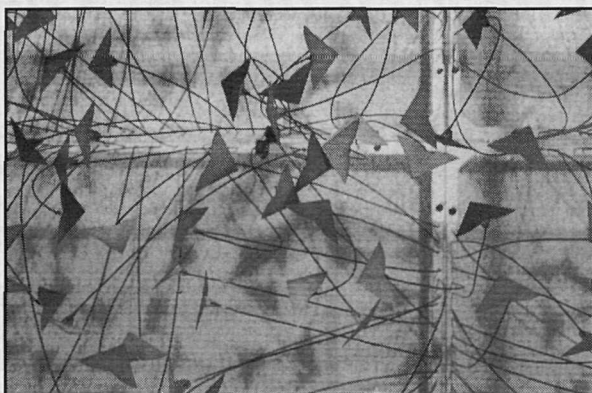
We used to go to such a place from school: a group of boisterous teenagers with guitars. The idea was that we would brighten the lives of the patients with our songs and our enthusiasm. Our departures were always quieter than our arrivals. We were left with an abiding impression of bleakness, of the crushing loss of dignity and autonomy that goes with old age, the loss of hope.

I was reminded of its years later when, as a result of an accident, I had to lie on my back for a few weeks. It was difficult to look at anything but the ceiling. Very quickly all the little cracks and splodges that go unnoticed in ordinary life assumed a horrible familiarity. The cracks and splodges started to look like a map, a dreary representation of the narrow world to which I was confined. It was a glimpse of how life might be for others: for the elderly and frail who lie in bed for years and years. For them, the cracks in the ceiling could become more familiar than the features of a loved one or even the faces of the nurses who care for them.

I'm not a gloomy person. I don't carry such thoughts around with me and it certainly wasn't in the forefront of my mind when a few years ago, for the first time, I attended a meeting of the Executive Committee of the Friends of Guy's. Arriving late and feeling rather shy, I sidled into the Governors' Court Room where the meeting had already started. There was an imposing oval table, the Chairman in the distance and an array of unfamiliar faces. None of this was unexpected. What came as a complete surprise were the two young men kneeling on the floor in the middle. They were holding up models of what looked like squadrons of blue butterflies on fine metal stalks. The young men were artists who wanted the Friends to let them cover the ceiling of Brooke Ward with butterflies to provide a visually stimulating environment for elderly long-term patients. The project would be quite expensive and there was lively debate about its merits. How would it look? What effect would it have on the patients? What would the visitors



think? Was the idea daft or courageous? The medical staff were convinced the

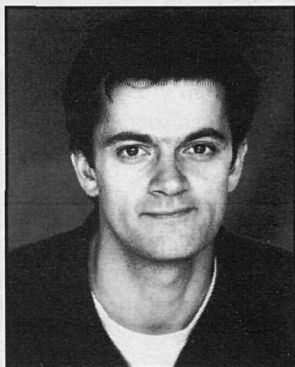


Ceiling sculpture at the Brooke Lodge

butterflies would improve the environment and boost the morale of all who live and work on Brooke Ward and the enthusiasm of the senior nurses was infectious. The butterflies are there now, a mass of turquoise-blue. Their colour seems to change with the light and their long dark stalks are like the weave of a great net from which they have broken free. Opinion is divided. A nurse told me she wished they were a different colour. I asked one of the resident patients what she thought of the butterflies. 'Those rosebuds up there?' she said, 'I like them. Very nice pink rosebuds they are'. At the end of the ward there was a man lying in bed. He looked as if he had been there a long time, as if his world had shrunk to the small space around him. He wasn't able to tell me what he thought but his eyes were open and he was looking up. Not at cracks and splodges in the ceiling but at butterflies.

A great number of grants have been made by the Friends both before and since that day. There have been grants for medical equipment, research, decorations, carpeting - some of the things were quite ordinary, others complicated and expensive, but all were important to the patients and staff of the hospital. The butterflies were something of a risk, something of an adventure, but they showed the spirit of the Friends - flexible, generous and positive. In these days of change and turmoil Guy's needs the Friends more than ever before and the Friends need more members. Why not join us in 1999? Be part of something that matters.

Philippa Blake-Roberts



I'm thirty-five years old. I was born in January 1964, a few months after the assassination of President Kennedy and at the height of 'Beatlemania' (The Beatles were a popular Beat Combo of the time).

Purely in terms of my alleged 'maturity', there really was no excuse for organising a pub crawl with a Mystery Fresher during Rag Week. Some people say that drinking beer "is not big and it's not clever". Of course they are wrong: no, it's not big, but it can sometimes be quite clever.

At my request, the Editor found me a Fresher.

Unfortunately, he refused to answer my calls and was nowhere to be seen at the allotted time in The Spit on Thursday lunchtime. I'll spare him the shame of printing his full details only because I don't have them. All I do know is that his name is Paul, he lives in Room 13, Floor 10 Wolfson and he's got short blonde hair.

Not to matter, I was quickly allotted two others, who must have been in between lectures. Again to save embarrassment, I shall only refer to them in this this article as The Freshers, apart from the paragraph after the next one.

I remember being told that there were more pubs in the square mile around Guy's than anywhere in Britain. Of course, I now realise that "fact" belongs to the group of facts that include "A swan's neck can break a man's arm" and "It's too cold to snow", but nevertheless I intended to revisit the pubs I knew as a student with the Freshers, pointing out interesting facts about them as we went, and then write a Pub Guide for the Gazette. Here it is.

1. The Bunch of Grapes, St Thomas' St

Don't know much about this place.

Joined by Felicity's Husband (Guy's 1990). Discover that Matt and Henry Fresher play rugby for the First and Second XV. Start forming sentences in head using words eggs, suck, your, teach and grandmother.

2. The Pub the other side of Borough Market from The Porter

Shut.



3. The Kings Head Tavern, Down That Alley

Pub where The Rats used to drink. Always full of people in suits eating sandwiches.

Freshers inform us they were born in 1979 and 1978 respectively, thus missing Punk. Decide not to bring up the subject of age again.

4. The George, Borough High Street

Oldest Pub in the World. A 'Parent's Pub'. Nice in the summer, when tourists ask you to take photos of them - remember to crop off their heads.

Incredibly this is the first time either of the Freshers have been here. Turns out they have only ever been in Christopher's and The Bar. Must be the incredible amount of studying they have to do these days.

5. The Southwark Tavern, Southwark Street

Opens at 6am for the market workers and students going on day trips to Bologne.

"We're more outrageous than you" stories begin (and, as far as I remember, continue for the rest of the day). Turns out that somebody in our year once put the entire Music Society annual budget on a horse.

6. The Wheatsheaf, Stoney Street

Tiny, yellowy place often full of people who sing in Southwark Cathedral. Main claim to fame being that it's "the pub next to the Porter".

Freshers now, apropos nothing, discuss the teaching of Communication Skills.

7. The Market Porter, Stoney Street

Very popular in my day, particularly for its free bar prawns on Sunday lunchtimes (not the ones with the eggs though).

Felicity's Husband tells us how they used to play 'Spoof' in The Bar - the loser having to go and knock Martin Rough's pint over. Nearly fall off my chair laughing. Freshers look confused.

8. The Pub Opposite Glazier's Hall

Isn't that a new one? Don't know much about it.

Couldn't be bothered going there - too far.



9. The Thameside, Side of the River Thames

Parents Pub - as all the ones along the river are. This is the City Boys one with the big boat outside.

We sit outside. FH decides that he's had enough of drinking halves and gets pints in - Freshers having told us they only get £40 a week to live on.

Discussion about how Henry must be the least popular name in Liverpool.

10. The Anchor, along from The Thameside

William Shakespeare used to drink there with Charles Dickens or something.

Now so far away from The Bar and Christopher's that Freshers are developing nosebleeds.

11. Christopher's (once 'The Grapes'), Borough High Street

Most popular student pub at the moment. Late drinking licence, music, dancing. All looked a bit scuzzy to me. Used to do great big chips when it was The Grapes.

Freshers celebrate getting 'home' by telling us jokes they made up last week (Q: What's the dirtiest waterway in the world? A: The Sewer's Canal)

12. King's Arms, Newcomen Street

Nondescript pub that I am convinced used to be called Guy's Arms.

Game of darts played which, in the manner of all pub-crawl darts matches, ends up with everyone on double one for fifteen minutes.

13. Miller of Mansfield, Snowsfields

Not a Parent's Pub. More a "two pints of lager and a fight please" pub.

Q: What does DNA stand for? A: National Dyslexics Association (Hey, don't blame me, I'm just transcribing what I wrote down at the time)

14. The Leathermarket Arms, Tanner Street

Intermittently popular Guy's pub. Not sure whether it still is - tried to ask the Freshers, but you might as well ask the cat.

Missed it out - seemed too far at the time.

15. The Rose, Weston Street

Last time I went in here was the day before I started at Guy's and it doesn't look as if it has changed too much.



Freshers discover that my parents were three years older than I am now when I was their age and they start abusing me for it. I'm not too upset as I'm too busy working out the maths.

16. The Horsehoes

Aka The Shoes or The Bloodies. Probably the most popular student pub of the '80's, there is still a photo of FH and myself on the wall as members of The Spirochaetes. This is also where Bob sewed up Ed's face on the floor and Sticky Vicky put her... actually, forget that.

Try to show Freshers the photo, but they have discovered I have been on Radio 4 and this - for some obscure reason - makes me an even greater object of ridicule. FH joins in, which doesn't help.

For reasons that should be obvious, we decide to miss out the next four pubs:

17. The Horns,

18. That One In Hay's Galleria,

19. The Cooperage and

20. London Bridge Railway Station and head straight for:

21. The Bar

Beyond description.

It was *Endurance* night in the bar, a new Rag Week spectacle in which, despite the forceful persuasions of the Freshers and FH, I managed to avoid being a contestant.

I was intending to go to the 70's and 80's Night but, after watching my new Fresher friends doing ever so well in the first two rounds (I can't remember the exact rules, but there was lard and a dustbin involved), I developed an acute case of what we used to call a Malignant Taxi-oma.

And was it really all worth it?

Yup. It's going to be an occasional series. In future columns I will be failing Biochemistry, not going down to Dartford Hospital for an entire firm and trying to persuade the Dean that my arrest at the Hospitals Cup Match was merely boyish high spirits.

Tony Gardner

Greed

Nurses are, once again, in the headlines and are a main news item. Apparently we are in short supply: 'beds', as physical artefacts lie empty in closed wards. It sounds dramatic; if only they could be re-opened - but to do this requires the skilled team of nurses to staff them. But the prospect of relatives being asked to come forward to 'fill' vacancies by washing their own family members, whilst touching and perhaps right, does rather smack of hospitals in developing countries.

Against this is the increasing difficulty of remaining sane as a nurse: the stress of the job is heightened through expectations and demands made by patients. Patients and clients are no longer ignorant lumps of flesh in a ward or clinic. They know a lot more about their ailments, the medical options. And when things don't go right the opportunity to take to the law is ever more pervasive. Some lawyers seem intent on 'shroud chasing'. Some clinical staff are now literally frightened of what the consequences may become so easily. As nurses we are aware of our accountability and the responsibility this entails.

I sometimes wonder about a justification for a 'Nurses' Charter', providing a contrast to the 'Patients' Char-

ter', which has little provision for the responsibilities of patients. With 'rights' must come responsibility, while allowing for the incapable. Last summer I attended a seminar under the title 'Meet the UKCC professional development workshops' and apart from amazement, I was slightly alarmed at the state of knowledge, or lack of it, on the part of some colleagues. I suppose it was some consolation that from the thousands of nurses in the United Kingdom, at least we were there to find out a bit more about our conduct as professionals in the modern world. Today's nurse is completely different to those who trained in yesteryear. Not only does nursing and medicine advance with great rapidity, but the effects of mistakes, however they occur, can have far more devastating results. There are two aspects to this: the first, in my opening remarks about a shortage of trained nurses, and secondly an outcome of greed, of which both patients and staff alike can be guilty. As regards the shortage of nurses: poor pay and rotten working hours combined with other duties have become perennial excuses. Nurses working for 'banks' or agencies are heavily criticised: they lack a sense of commitment and continuity in knowing patients. Furthermore, if they make themselves available via the 'bank' at times of most urgent need, they can bank on having satisfied their greed. I heard a



quote recently that they may coin about £60 per hour: Will they let me know when, I'll be there in a flash - even if it means avoiding the great millennium party. In fact I'd accept a good deal less to avoid that event!

But greed comes in other forms. Have you heard about the team who 'officially' attempted to keep a baby alive, announced their task a failure, only to be greeted with the prospect of a court case through the parents, when the baby jerked into life? If the parents really wanted the baby alive, you would have thought they would be so pleased, that suing would be the last thing on their minds. Makes you want to spit even more than the sight of my split infinitives, I truthfully hope!

Then there was the greedy doctor who wanted paying the proper rate for the job. He was off duty, on a holiday flight, and did his bit to save a life. Not satisfied with a small gift and thank you he wanted a large fat fee. Presumably this only came about because he knows that if his efforts had failed, someone might have tried to sue him. So where does all this greed get us? It doesn't provide more hands in wards or the community. There are many qualified nurses not working: if they were prepared to chance their arm, without the need to look over their shoulder, for fear of being charged an arm and a leg if they make a mistake, the recruitment problem

would be less acute. Most of us want a decent salary, but don't expect to become millionaires from our work. The lottery is for fools who want to buy their misery. But working as a nurse, which usually means a wish to help someone, should not be cluttered with too much 'right' on the patients' side, without the nurse having some right of redress. How about it, and how do we frame this?

Denis Cobell

An Illustrated Guide for the Diabetic Clinic

Emyr Wyn Jones
Blackwell Science, 1998
ISBN 0-632-05151-5

This little on-the-spot reference guide takes a holistic approach to the whole spectrum of clinical signs and complications which are seen in Diabetic Clinics. Easy on the eye, straight-forward and a model of clarity and directness, it is the type of book that would guide a student during the preliminary phase of Clinical Medicine and remain a valuable reminder source to dip into at later dates.

Beautifully presented colour photographs of classical cases lie on a facing page to concise bullet-pointed text. The language is easily comprehensible, yet the content not overly basic: so, for example, the conclusions and recommendations from well-known recent research papers are presented within the body of the text. With Internet-derived Evidence Based Medicine management updates, this tiny gem of a handbook would serve its purpose for many years to come.

A fictitious diabetic record of 'Mr Choc Aholic' is amusing and somewhat stereotypical, but at the same

time teaches an important lesson in inter-disciplinary care, accurate record-keeping and multi-system examination.

Not only would medical students and doctors wishing to review core knowledge of diabetes find this light weight tome useful, but dieticians, chiropractors, opticians and other health care professionals would undoubtedly benefit by understanding a little of each other's expertise!

After giving a basic seminar on clinical aspects of diabetes and its management, this is one book which a lecturer could safely advise students to read from cover-to-cover, as essential but not strenuous course reading.

Rina Dutta



Lecture Notes on Urology

John Blandy

5th edition. Blackwell Science, 1998

ISBN 0-632-04202-8

This unusually-shaped, square textbook of Urology lives up to the reputation of all 'Lecture Notes' books for being effortless to use and providing the essential facts without the waffle. Blandy has a special gift for communicating often complex principles by means of clear and incredibly memorable line diagrams. The clarity of the figures, the typeset of their legends and their general intercalation within the text has improved immeasurably from the basic layout in the last edition (1989).

Of particular value to undergraduates are the step-by-step guides to urological operations, such as transurethral resection of the prostate and open pyeloplasty - look through one of these summaries before observing the procedure in theatre and one can truly appreciate the aims and intended outcome of surgery. These are the diagrams of a surgeon admirably equipped to explain anything of a three-dimensional nature simply with pen and paper.

Above all, this is a textbook which is highly readable, written with sensitivity and the wisdom of immense

highly readable, written with sensitivity and the wisdom of immense experience. The author's comments on the role of surgeons in palliation, following failed or only partially successful cancer treatment are particularly humbling and true. Historical and other anecdotes intermingle with didactic prose, adding the spice and piquancy so welcome in all academic or clinical fields.

Even someone totally uninspired by urology and wanting to glean only the bare minimum for examination purposes will be satisfied with the unambiguous and concise teaching which is so easily absorbed. This is a truly marvellous demonstration of how a book can be honed, refined and reworked to the pinnacle of perfection, providing an exciting view of an increasingly specialist field. At £22.95, this is one of the pricier 'Lecture Notes', but is certainly an investment well worth making.

Rina Dutta



Essential Clinical Pathology

Blackwell Science

£29.95

ISBN 0632030887

One of the first things that attracts me to a book is readability. After all, if I can't read it for more than ten minutes, everything else is irrelevant. This book scores highly here. Large text with plenty of colour interspersed with illustrations and photographs makes for an easily readable guide.

Easy to read alongside a medicine textbook, it covers enough of the clinical side of the disease to maintain the interest of those less concerned with the minutiae of histopathology. Nevertheless, there is more than enough information here for the needs of student doctors. The basic principles of pathology from preclinical medicine are assumed.

This book is much more in line with current moves towards an integrated learning approach, where the traditional boundaries between medicine, basic science, and pathology become more and more blurred. My only criticism would be a slight lack of explanatory diagrams compared with other leading pathology books. However, on balance, this is a welcome addition to the current range of pathology books, very readable, and well

worth auditioning.

JR

Human Genetics - A Problem Based Approach

Bruce

Blackwell Science

£19.50 ISBN 0865423539

I came away with a very mixed opinion about this book. Some things were very good, others not so good. First of all this is essentially a clinical genetics textbook, and is probably not the best book I have seen for basic genetic principles. However where it shines is in the provision of problems for you to test your knowledge on, and case studies which are very helpful for making facts stick by relating them to a patient. Unfortunately I found the layout of the book rather off-putting. The rather bland white, grey, and blue colour scheme does not exactly enhance ones enthusiasm for studying genetics. As a study guide for those preparing for exams, this book is worth consulting, otherwise check out the competition first. Genetics is an area of increasing importance in medicine. It is commendable that authors are realising that it is useful to students to have access to different approaches.

JR

BMA 



Join Now!

Please contact:

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Rugby

GUY'S AND ST THOMAS'

V

DOVER

KENT LEAGUE 1 WON 54-7

Being in the new league and meeting new teams has its disadvantages as well as advantages. Advantages include meeting new sides in Kent, which is now our official County, with greater exposure of the players and chances of County representation. Disadvantages include the fact that some sides have not yet found their way to Honor Oak Park, and on this occasion, Dover who were paying their first visit to HOP, were caught in traffic and the kick-off was delayed.

Given the amount of rain over the previous few days and the cancellation of midweek matches, it was fortunate the game could go on at all. Guy's elected to play against the wind and from their first real attack, the ball went out to Ekeowa on the wing who was stopped just short of the line. After the ensuing ruck, Baladasaran scored in the corner for a try superbly converted by Davies. After a good training session in midweek, the rolling maul came back into the forefront of play, and Challacombe scored after a rolling maul from 20 yards out, followed by one from Wandsborough, also converted by Davies. This allowed a little more adventurous play,

and Ekeowa went over in the corner for the fourth try for a half time score of 28-0.

In the second half the Hospital side concentrated in patches, and from one kick ahead by Dover, Nicholls caught the ball in his own half and raced away to give Ekeowa another try. Dover scored a consolation try when the Hospital tried once again to be too complicated in their own 22. Guy's and St Thomas' scored two more tries through Ekeowa for a final score of 54-7.

Highlights of the game were two magnificent tackles by Baladasaran on the Dover backs, a kick for touch from behind his own goal line by Clinton, control of the line out by Thorpe and Wood and six out of seven conversions for Davies.

SJC

GKT 1st XV Half Season Report

At the beginning of the season it was assumed that the major strength of this side was going to be the forwards as it was a similar core of players that played the season before in the premiership and did not have any problems in this area. This assumption was supported by consistently extremely powerful and dominant displays by the pack throughout this term. It became



apparent that there was significant strength in the tight play of the forwards with several pushover tries, scores from driven lineouts and forwards also frequently scoring from the loose. Winning our own ball was not a problem and against most sides, nor was winning theirs. This provided a wealth of possession for the side but unfortunately this was often not taken advantage of, particularly in the first couple of games. The loose play of the pack left a little to be desired with regards to the rucking at this time which left the back-line looking vulnerable and under-performing. By the third game the backs, spurred on by a much improved Toby Edwards-Lunn, began to play confidently in attack and the defence improved substantially. The team was improving in every game and really started to gel, however the main complaint as ever was the usual laziness often seen in the Saturday XV, against some of the weaker opposition. This carried through to the Wednesday side. As opposition were not up to much we would get ahead and coast the game until we thought there was a danger of losing allowing sides back into the game (giving several sides a far more flattering scoreline than they deserved). All in all, there was a good feeling about the rugby throughout the season and a great bunch of boys with good spirit (on and off the field)

really enjoyed themselves. In the final game against Kingston the whole team managed to pull off a much more professional performance. We reversed the previous years loss, of 13 points to 14, to stuff them 46-14. This should have been more but for a few dropped passes and some poor decision making.

TABLE OF RESULTS

UCL	W 36 - 14
Canterbury (CCCC)	W 41 - 8
Southbank	W 29 - 7
Portsmouth	W 27 - 12
De Montford, Bedford	W 25 - 0
Hertfordshire	W 32 - 10
Roehampton	W 25 - 0
Kingston	W 46 - 14

Played 8, Won 8, Points for 261,
Points against 55.

Squad: D.Woodsford, M.Edmondson, J.Stacey, R.Clinton, J.Harris, B.Schofield, G.Wansborough, J.Jackson, B.Thorpe, S.Morgan, P.Morgan, T.E.Lunn, A.Bunting, A.Vaughton, T.Valzeboer, A.Adejuwan, R.Etok, H.Pynn, H.Aldwinkle, H.Nwame, C.Jack, Bov, D.Bunting, U.Ekeowa, M.Boyton

Feb - March 1999

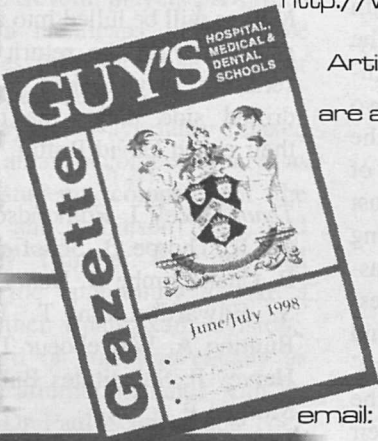
GAZETTE SPORT



OLD DARTFORDIANS V GUY'S AND ST THOMAS' FIRST 15 SATURDAY, 9TH JANUARY 1999 KENT LEAGUE I - DREW 23-23

This was an eagerly anticipated match between two unbeaten sides in the Kent League. Old Dartfordians had been averaging over 40 points a game, and were thought to have the best back division in the league. It was as expected a closely contested match, with the score 20 points all at half time. Guy's had scored three good tries all through the wingers with Ugo Ekeowa scoring twice and Breeze once, but this was based on sound work by the forwards, especially the front row. It

was disappointing therefore that the Hospital gifted two tries to the opposition through interceptions. Nevertheless the large crowd were on tenterhooks with play going from end to end in a thoroughly entertaining match. After the cup defeat by St Mary's, Davis and Davies were welcomed back, and both played with great effect. In contrast to the six tries scored in the first half, the second half brought only a dropped goal for Old Dartfordians and a penalty by Davies for the Hospital side to bring about a creditable 23 points each draw. Thus both sides remain unbeaten in the league but with only one side



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going up, and with Dartfordians with a much bigger points differential, they will be the favourites.

Team Woodsford D, Edmondson M, Clinton R, Thorpe B, Symonds D, Wansborough G, Davis P, Wood B, Morgan S, Davies N, Breeze R, Bunting A, Walzebour T, Ekeowa U, Harvey P. Substitutes Baladasaran D, Behn E. Scorers Tries Ekeowa (2), Breeze (1), Davies - Penalty (2), Conversion (1)

SJC

GUY'S AND ST THOMAS' V IMPERIAL MEDICS HOSPITALS CUP - 6TH JANUARY 1999 HONOR OAK PARK - LOST 0-27

The Hospitals Cup has been revamped this year with the six remaining Hospital sides in London playing a league format over five weeks with the two top sides then playing the Hospitals Cup Final in March. Technically therefore either of these two sides could lose but still appear in the final if they won the remainder of their matches. Perhaps this was just as well, for in spite of some appalling refereeing decisions, Guy's were easily outplayed by a fiery and professional St Mary's side in the second half. In fact Guy's and St Thomas' slipped to their heaviest defeat of the season, which will have done their

morale no good at all. Guy's were missing several of their more senior players, and it is to be hoped, that if they do reach the final, more cohesion will be shown. On this showing however Guy's and St Thomas' will be hard-pressed to beat the other Hospital sides. At half time the score was 3-0 to St Mary's, but a further 24 points were added in the second half for a final score of 27-0. Guy's and St Thomas' should not be pleased at the way they played. There were far too many handling errors, which cost the Hospital dear. On several occasions when they were within striking distance of the line and in the loose, the forwards looked a little off-the-pace compared with St Mary's, with a noticeable lack of support for those who dived in bravely on the ball, including at one time winger Ugo Ekeowa. Perhaps St Mary's/Imperial Medics will be lulled into a false sense of security in the return match, but certainly they looked a very well-drilled side under the direction of their coach David Rollitt.

Team Stacey J, Edmondson M, Clinton R, Thorpe B, Schofield B, Wood B, Challacombe B, Henry N, Morgan S, Edwards-Lunn T, Ekeowa U, Bunting A, Walzeboeur T, Breeze R, Harvey P. Substitutes Baladasaran D, Morgan P

SJC



Guy's Hospital Dental Society Golf Day

28th May 1998

Under the superb organisational skills of Mr Nigel Fisher, the Guy's Dental Society Golf Day took place back in May at the Royal Blackheath Golf Club.

This attractive old parkland course was host to the 26th Annual Meeting that attracted nearly 60 staff and students of Guy's past and present, including Dr Radford all the way from Dundee.

The home members, Dr Peter Hill and Prof. Stephen Challacombe greeted everyone who arrived, a lot of people meeting for the first time since the 1997 Society meeting at Chartham Park Golf Course.

The morning round was played in fine weather in ideal conditions for some low scoring. Several players performed well to their handicaps, with notable performances from Dr Mike Escudier and Sandy Gemmell.

The golf day is always fairly relaxed but there is an air of competitiveness as staff and students compete for the Macdonald and Robinson Cups, and the Bloggey Tumbler. Several final years took the opportunity to take a break from their finals exam revision.

The standard of golf was equally as good in the afternoon rounds with Dr Peter Hill, Dr Paul Scanlan and Nick

Williams returning good scores (N.B. he's got a large head. - ed.)

After the golf had finished, there was a great three-course dinner in the Grand Dining Room upstairs the Club House. This was followed by the awarding of the various cups and the whisky which accompanied them. The Macdonald Cup open to all players was won by Dr Mike Escudier with Dr Peter Hill second and Nick Williams a sorry third. Sandy Gemmell won the Bloggey Tumbler which is awarded to the best Guy's graduate. The Robinson Cup, for the over 18 handicap golfers went to Paul Scanlan and the Student Cup was successfully retained by Nick Williams. (Who now has an even bigger head. Can anyone match this prodigious talent, who will soon be challenging for Tiger Woods' World Title. How will he get on? Lousy probably but never mind he's a Guy's boy. Hoorah! Ed.)

Nick Williams



Dr Edward C Lewis

The death of Dr Edward C Lewis occurred on the 18th January 1999 following a serious illness which had begun four months previously.

He qualified at Guy's in 1950 and after highly successful obstetric posts in sector hospitals such as Pembury, he joined a practice of Guy's men, Barford and Ogilvie in Redhill, Surrey, where he quickly became loved by so many patients. His love of obstetrics allowed him to bring into the world at least two generations of patients in the Redhill and Reigate area. Whilst in practice he was the Chief Medical Officer of the Crusader Insurance Company.

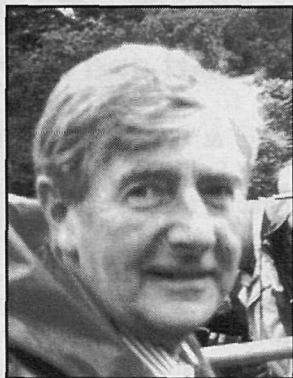
However, he will be best remembered for his ebullient cheerfulness, spiced with a wicked sense of humour, and will be sadly missed by so many. He leaves Rosemary his wife and his three sons, John, David and Tom.

DGE Alldridge

Anthony Godfrey Spooner 28.10.27 - 21.12.97

Anthony qualified MBBS MRCS LPCP at Guy's in 1951. Tony was a very close friend and colleague and emigrated to Vale Park, Australia. He leaves a widow and two sons.

Dr DT Lovell



Dr Stanley R. Williams

Dr Stanley Williams, who was Consultant Anaesthetist to the Brighton Hospitals from 1965 to 1988 died from Parkinsons Disease on 18th November 1998 at his home in Hove. (Born 1927, qualified 1957)

Stan Williams came to medicine somewhat later than most of his contemporaries having already been an officer in the Royal Engineers. He trained at Guys Hospital in the fifties and later completed his postgraduate training there.

Stan Williams was always cheerful, punctual and in control, not only of himself but the theatre where he was working, to which he brought a happy, confident and apparently relaxed attitude, although his anaesthetic skills led to his being much in demand for even the most difficult cases. As was normal

during his working life, he relied greatly on clinical judgement and observation during the conduct of anaesthesia not having the benefit of much of the present day sophisticated electronic monitoring. He was involved in the development of some of the earlier ITU ventilators and became very interested and involved in techniques for their sterilisation. He was elected to the International Standards Committee for Anaesthetic Apparatus and became an Honorary Fellow of Sussex University.

Stan enjoyed sailing, golf and fishing and many of his trips to Ireland have become legendary. He was, however, a great family man and married Lynwen, a Guys nurse, in 1956. She gave him the support, love and friendship on which our medical lifestyle is so dependent. They have a son and daughter and four grandchildren to all of whom our great sympathy is extended.

Brian RP Murray



CLASSIFIED AND ANNOUNCEMENTS

Feb - March 1999

Evelina Hospital books

We are participating in the Free Books for Schools promotion being run by The Sun, News of the World, The Times, The Sunday Times and Walkers Crisps. In the papers and on the crisps packets will be tokens which can be redeemed for books. If you have any unwanted tokens, would you be so kind as to send them by internal mail to us on the 12th Floor Guy's Tower. This will help towards our purchase of books used by sick children in Guy's. Many thanks.

**Staff at Guy's Evelina Hospital
School**

school@guys-evelina.demon.co.uk

HeArt and Soul

The Art & Heritage Committee of Guy's & St Thomas' are looking for a suitable name for their Art & Heritage Projects.

HeArt and Soul has already been suggested and we would welcome any other inspired ideas. Please telephone Karen Mann on Ext. 3431 at St. Thomas' or Sylvia Le Comber on Ext. 5317 at Guy's or send your suggestions to Karen Mann, The Arts Co-ordinator, Special Trustees of Guy's Hospital, Guy's Hospital.

Come Out, Come Out Wherever you are!!

The Special Trustees are in the process of compiling a collections database of every object of historic, architectural or contemporary interest to Guy's Hospital and to St Thomas' Hospital. If there is any object in your department or in fact anywhere in either hospital that you feel should be included in this important record please would you contact Sylvia Le Comber on Ext. 5317 at Guy's or Karen Mann on Ext. 3431 at St Thomas' with details. We are grateful for any information or help.

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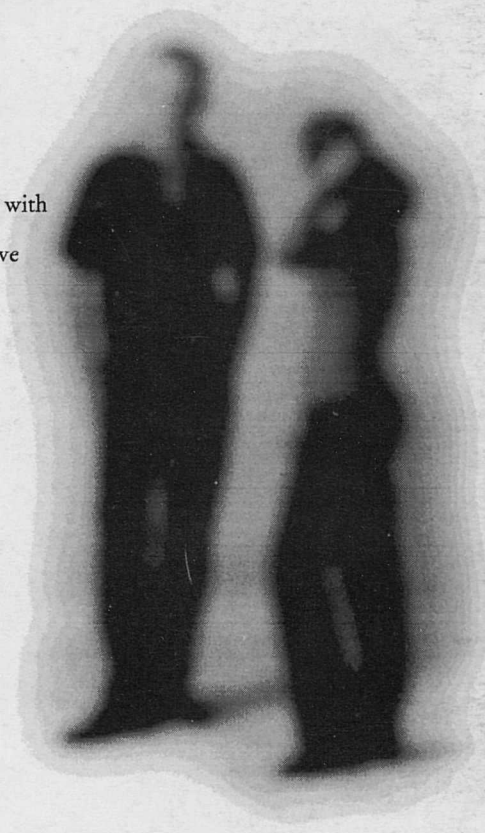
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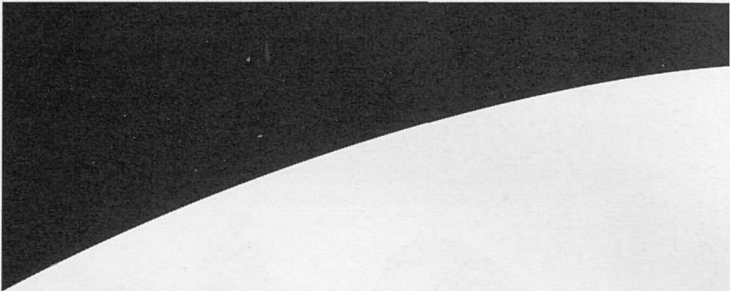
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Gazette



April 1999

- Tony Gardner in homicide scandal
- GKT up - The merger so far
- Recollections of the thirties



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GUY'S Gazette

CONTENTS - APRIL 1999

- 98 Passim**
100 Letters - 1950s reunion, Tong in Cheek
104 News - GKT Easter concert, GKT VP review
113 Weakending
117 Feature - Elective report
127 Feature - Egyptian experience
129 Nursing Notes
131 Feature - Recollections of the 30s
135 Reviews
140 Sport - Rugby, Football

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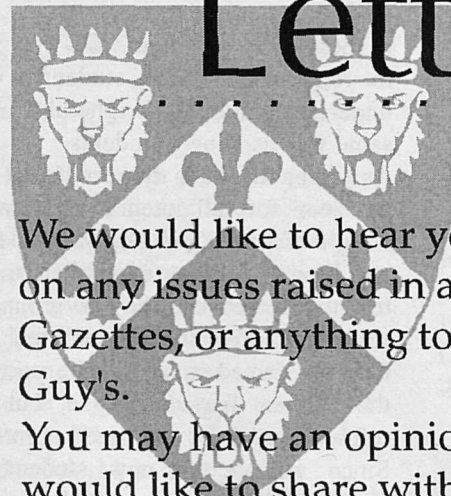
Passim

The last six months has probably seen more change in the world of student politics at the medical schools of Guy's, St. Thomas', and King's, than has occurred in the last six years. As the current vice president for GKT points out (page 106), one of the most significant events in this respect was the abolition of student unions at all these sites, to be replaced by the central control of King's College London Student Union (KCLSU).

However, if we are to believe recent student media reports, all is not well within KCLSU. Recent changes to union structure have been the subject of much controversy, leading to resignations and suggestions of autocratic leadership. No doubt the union could be run better, but by whom? Many students involved in the union, often in non-sabbatical posts and positions, give up large amounts of their free time to work behind the scenes on our behalf. The huge commitments involved make it unlikely that this is often done in the hope of some sort of self gain. Of the thirty places available on the student representative council (the governing body of KCLSU), for students from GKT, only twenty-four could be filled. Many have talked about apathy within the university, and sometimes it is easy to see this both in student attitude to academic change and recent social behaviour. Is this to blame for our students' lack of enthusiasm? Perhaps there is a more basic reason why finding good student representatives is so hard, yet complaints about their activities are so prevalent. Maybe when it comes to the crunch, socialising, exercising and studying for a degree are more appealing.

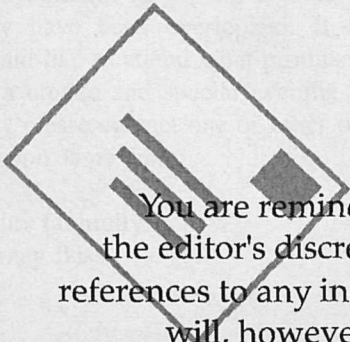
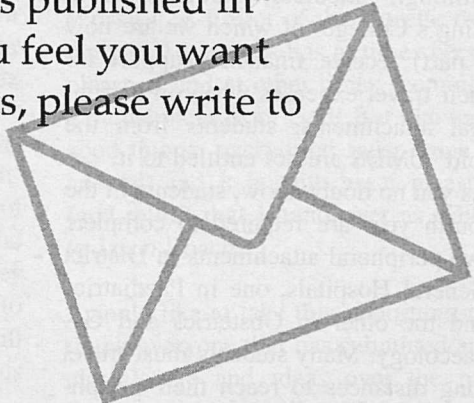
Jason O'Neale Roach

Letters



We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.



You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



Equality?

Dear Sir,

Please find enclosed a letter from myself to Professor Chantler, for publication in the Gazette. It was sent to him at the start of March.

Yours faithfully,

Simon Merritt.

Dear Professor Chantler,

It is with some concern that I write to you, for I have recently heard that although medical students from King's College (of which we are now a part) receive financial support for their travel expenses when on peripheral attachments, students from the 'old' UMDS are not entitled to it.

As you no doubt know, students in the fourth year are required to complete two peripheral attachments in District General Hospitals, one in Paediatrics and the other in Obstetrics and Gynaecology. Many students must travel long distances to reach their peripheral hospital, incurring significant personal expense, be it in the form of coach, train tickets or petrol. I recognise that students who travel overseas for their peripherals do so of their own choosing and, therefore, the school could never be expected to contribute

to these costs. However, it is only fair to reimburse UMDS students, who undertake 'national' peripherals, in the same way as King's students.

As you have said in the recent past you are keen for full integration between King's students and UMDS students, and I know that you would hate to see resentment between the two groups of students. UMDS students will feel that they are forced to accept the parts of the merger they don't like, but are refused one of the few 'good points'. Since we are all now students at King's College, I fear that there must have been some mistake when reimbursement was refused and I keenly await your advice as to whom my receipts for travel expenses should be sent.

Yours sincerely,

Simon Merritt

4th year Medical Student, 'old' UMDS

1950's Reunion

Dear Sir,

The 1950 Guy's medical graduates have never had any kind of reunion, and as the year 2000 will be the fiftieth anniversary of their qualification (as well as the Millennium!), it has been decided to hold a dinner for them and their partners in the Robens Suite at Guy's in order to mark the occasion. This has been arranged for Friday 5th. May 2000.

We have succeeded in contacting most of our surviving contemporaries, and so far over thirty have expressed their desire to attend. Full details will be sent to them nearer the time. There are still a few people from whom we have not heard, and in case our lists are in any way incomplete or inaccurate we are writing to seek the help of your columns in finding anyone who may have been overlooked. If they would like to attend what promises to be a unique and special evening will they please contact one or other of us as soon as possible.

Yours faithfully,
Barney Bass,

Barney Bass
6 Riverside Mews,
Bridge Street,
Wickham,
Fareham,
PO17 5LL

Hugh Baird,
Greenhead,
Balmaclellan,
Castle Douglas,
DG7 3QJ

Farewell

Dear Readers,

Working as Editor of the Gazette over the past 16 months has at times been a pleasure, and at other times seemingly a punishment from God! But like most good things, everything must come to an end, and it is with great pleasure (and relief) that I hand over as Editor to Jason Roach.

I would like to take this opportunity to thank everyone that has submitted articles, letters and ideas over the past year. In addition, those of you who have written, either in passing or directly to congratulate me on the production of the Gazette (and at times to tell me off) also deserve a mention for the effort. And without meaning to embarrass either, I am very grateful to



their constant and amusing contributions to the Guy's Gazette.

My sincere thanks also to Paul Stevenson and Lindsay Harvey for being wonderfully efficient alongside the remaining Editorial team that supported me.

I wish Jason and his new team the best of luck for their term of office!

Yours faithfully,

Nabeela Ahmed

*Retiring Editor Guy's Hospital Gazette
1998-1999*

Confidence

Dear Sir,

Through your columns, may I reassure the alumni of Guys who worry about the fate of their old Hospital, that there is a sense of rejuvenation in the air as Spring approaches. The new Academic Medical School Building is rising like a phoenix from the ashes of the old Hunts House. The other buildings around the park are being renovated and cleaned. The place looks fit for a future Nobel prizewinner of the 21st century. It is the unfolding of a new era. However, a sentimental tear still hangs on my cheek as I pass the park each evening. As the cranes had fallen silent one evening, I thought I saw two vague figures and imagined their conversations.

David Tong BSc FRCP FRCR

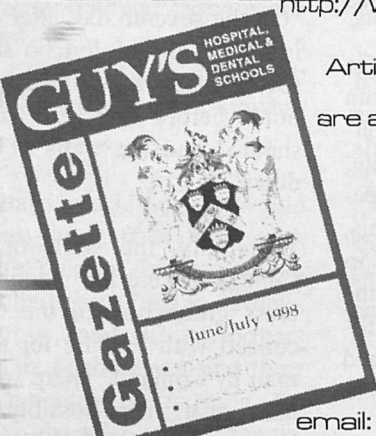
GHOSTS FROM THE PAST?

In the empty Park, the ghost of Thomas sat,
Without patients or wafts of fresh-cut grass,
Just grey high boards, and men in yellow hats
What was there of the old hospital he founded in the past?
The buildings looked so unfamiliar; They were scrubbed and washed and clean.
Walls were draped in sheets, or something, flimsier,
Where formerly black grime had been.
He was bemused by the change of scenery
And the different atmosphere.
He thought of haunting the Deanery when a pale, young man drew near.



He had a quill and note-book in his hand;
A quizzical expression in his eye
Tom thought that he might understand
These seeds of change and the subtle reasons why.
He enquired whether he was a medical man
But he not practised for some years. He said 'I will help you if I can,
But I fear, 'twill end in tears'.
He announced 'I am in poetic guise, Though once an apothecary;'
'Your bones still in the chapel lie; Your name writ in history:
But they did not make you a local saint,
Though your soul belongs to God'.
'They renewed your gates with thick, black paint
And placed a statue in the Quad:
'O Tom, but where your blackened heart has been,
They have done some evil things' 'They placed it not up with a crown of
Queen's But at the feet of Kings!'

Tong in Cheek



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ThistLe

The GKT Technology in Support of Teaching and Learning Committee has been formed by the Education Committee to coordinate and develop the use of computers for teaching and learning within the three GKT schools. There are currently two SMEC members sitting on this committee.

The present focus of development topics is establishing a "Virtual Campus", to begin skeleton operation within the new school from September. The virtual campus refers to the drive to facilitate Web based communication between the school and it's students in several areas. Examples of this include being able to contact the registry via the web in order to sign up for SSM's, register for exams, or check tutorial and lecture locations, and access to library facilities to perform searches and look for and renew books.

There is also a commitment to increase the implementation of multimedia teaching tools, lecture notes, and self-assessment exercises as appropriate. This development will encompass peripheral hospital computer terminals, which will be enhanced in number in order to facilitate contact with the medical school and its on-line facilities, normally requiring long (and sometimes expensive) journeys into Guy's, St. Thomas' or King's.

SMEC reps on this committee are currently liaising with dental and biomedical science students through the Hospitals Committee to ensure the views of all GKT students are met. For instance the feasibility of having dental chairs fitted with on-board computers in the medium term is a possibility. This could allow access protected booking in of patients, visualising necessary patient data, and immediate recording of assessment marks by tutors.

If anyone would like to put forward ideas regarding CAL, or computers in general, please contact SMEC via e-mail (smec@kcl.ac.uk or smec@umds.ac.uk)

GKT Easter concert

"On the seventh day after encompassing the walls of Jericho seven times, seven priests blew trumpets of ram's horn before the ark, all present shouted and the walls of Jericho fell down."¹

Thankfully, the walls of Southwark Cathedral were left standing after the brass group opened the GKT Easter concert with Fanfare for the common man by Copland. There were no casualties apart from possibly a few more visitors to the ENT clinic the next day

requesting hearing tests.

Following this martial start, the orchestra bravely performed Tchaikovsky's Romeo and Juliet. This began magically with the string and wind sections, building to a menacing middle section with the addition of the brass. Calm was restored with some pleasing themes and notable solo performances in all sections, but the malicious undercurrent reared its ugly head again in the final apocalyptic section ending in a funeral dirge.

In the second half, GKT choir and orchestra tackled the magnificent Mozart Requiem - only half completed by Mozart at his premature death. This was performed with much passion and vigour filling Southwark Cathedral with a tidal wave of sound. Some fine solos were heard from soprano Hannah Garner, alto Rebecca Cooper, tenor Robert Murray and bass Leantis Taliotis. All who came enjoyed a pleasant evening of music making in the historic surrounds of Southwark Cathedral.

GKT hospital's music society would like to thank the staff of Southwark cathedral, it's musical director Adrian Bawtree, chairman Justine Noble, John Cosgrove, and all performers and supporters of the event and their respective parents. In addition we would like to extend a special thanks

to the trustees of Guy's and St Thomas' Hospital for their help.

Brett Maddock

Careers Evenings

SMEC finally launched its careers evening series for 1999 on Tuesday 9th March at the Weston Education Centre, Denmark Hill. The A&E, and Anaesthetics evening proved a huge success, with over 150 people attending. This was quickly followed with the equally successful Obstetrics and Gynaecology evening, held in the Harris lecture theatre on Tuesday 16th March, with cheese and wine kindly sponsored by the Medical Protection Society. Dr Harding, Mr Kenny and Miss Kenny (Obstetricians and Gynaecologists at St. Thomas' Hospital), all gave light-hearted and informative descriptions and tips on this career path. By the time this goes to press, the GP and Anaesthetics evening will have already been held at Denmark Hill on 22nd of March. SMEC hopes to continue to provide this well overdue student resource with further evenings such as Surgery, and General Medicine planned for the future.



GKT Vice President's Review

The "Merger" seemed a very distant prospect for all concerned last year. Although many knew that it was on the cards, few really appreciated what such an endeavour would really entail. The term GKT was being banded around and most of us expected there to be few, if any real changes. Now seven months on, the changes are all too apparent and I feel that the majority of you are quite bewildered!

The 1st August marked the end of an era, not just for the KCSMD /UMDS but also for the United Clubs (UCC) based at Guy's and St. Thomas' and the Guild based at KCH. The merger thus represented not just the "amalgamation" of the two Universities, but also of the three Student Unions. This has obviously had its complications, namely that there is only one Student Union which is called KCLSU. Sadly, there can be only one, and I believe that it is in our best interests to make it work for us. The King's College London Act (1997) and the College, itself, decrees that there be one Union and any notion of rebellion would most probably result in our losing access to our much loved bars and other facilities. I know that this is not what you really want to hear, however, I believe that it is important to

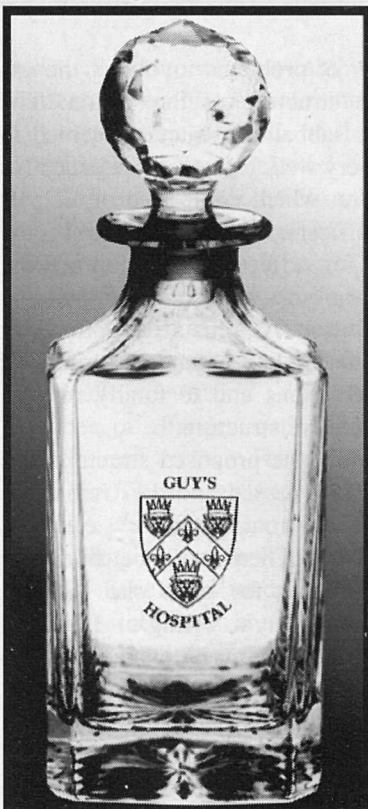
make you all see exactly what is going on "behind the scenes".

I received many calls from perturbed students during the summer break particularly regarding their student loan and e-mail applications which were being returned with King's College London stamped all over them. This has obviously caused some confusion. To explain, GKT stands for the Guy's, King's and St. Thomas' Schools of Medicine, Dentistry and Biomedical Sciences. These three schools represent three of the nine schools (e.g. Law, Humanities etc) within the new King's College, London. The acronym GKT does not represent a mini University within King's but is the working title for the schools mainly involved in the education of doctors and dentists. King's, therefore, remains the overall University as it is the parent "multi-faculty organisation. In this way, we are all students of a GKT School at Kings.

Professor Arthur Lucas is the Principal of KCL, whilst Professor Sir Cyril Chantler is the Dean of the three GKT Schools and a Vice-Principal of the College. The Head of the School of Dentistry is Professor Frank Ashley, the Head of the School of Medicine is Professor Adrian Eddleston and the Head of the School of Biomedical Sciences is Professor Simon Howell.

The Student's Union (KCLSU) is based at the Strand (3rd Floor of the

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GGCD/99



Macadam Building). The form that it adopts is similar to a mini company. There are approximately 40 full time members of staff, with a General Manager and Deputies. There are six elected Sabbatical (student) officers who hold executive-type positions. Within the Sabbatical team there is the President and 5 V-Ps;

Vice President Education and Welfare
Vice President Sports and Societies
Vice President Finance and Services
Editor of ROAR Vice President for GKT

My position was created this year as the "merger Sabb" (a continuation of the UMDS/Guild President) to be responsible for the students based on the hospital sites and to represent their interests within the Union hierarchy. This set up takes a bit of time to get used to, as prior to this, the UCC/Guild shared a more intimate role with the Medical/Dental Schools.

From my discussions with some of you, I feel that the majority of students do not regard KCLSU as their Union and I can understand why. Five out of the six sabbaticals this year were not elected by you, and it is these individuals who seem to be able to control the facilities you know, belong to and love. All will change next year when all students are eligible to stand for any of the sabbatical and part-time executive officer positions.

It became apparent that there were a

number of problems involving the executive structure of the Union. The current sabbatical structure seemed to work very well. However, the executive structure, which comprised of 12 part time officers, was deemed to be too large for effective decision-making given the size and complexity of the organisation. As a result, a motion was taken to SRC to amend a number of the regulations and to totally re-hash the executive structure.

Eventually the proposed structure was agreed and passed and the Union will now have a much "tighter" executive committee. There will be five Site Officers, one for each site (Strand, Waterloo, Guy's, King's Denmark Hill, & St. Thomas') such that each individual site will be represented at the executive level. These will, in effect, be officers without portfolio and will be mandated to chair the site committee and take to Executive any matters that may arise concerning their site. In addition to this as part of exec, they will be responsible for the day-to-day issues affecting the Union and be party to any detailed discussions regarding strategy and developments etc.

There will be a site committee on each site, made up of representatives for issues not covered by the site officer (Rag, Sports & Societies, Equal opportunities, Academic affairs & Post-graduate/Mature/Part Time). These

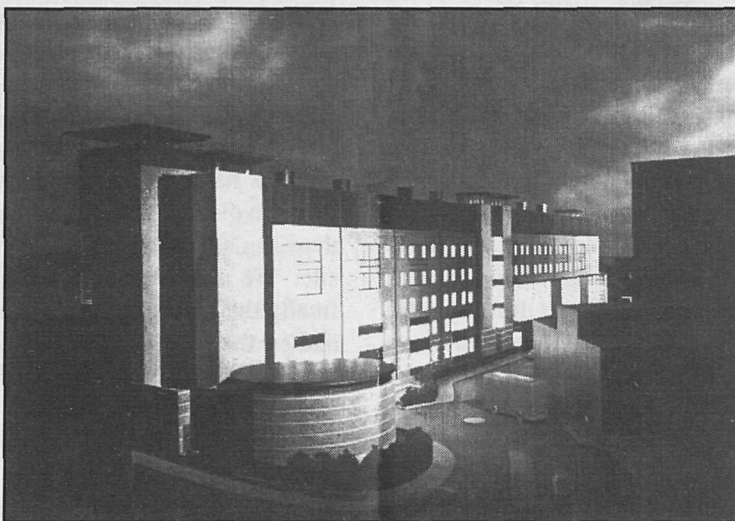
reps will also form cross-campus committees to enable a more integrated Union presence on each of the sites. Details of the newly elected committees are on display outside my office in the Reception area of Boland House.

I would like to apologise if you have had problems getting in touch with me. I appreciate that it has been an extremely confusing time with a number of changes and I have not always been around. The problem has been that I have been expected to be at all sites...easy if you have a few clones but virtually impossible with only one!! I have tried to divide my time up, but meetings are always being arranged without prior consultations with me. I decided early on in my year that it is important to attend meetings, particularly where issues are being discussed that may directly affect the sites. Hopefully, the board outside my office will help to inform you all as to when I will be around. I am very conscious that I am the only Union "presence" on the Guy's and St. Thomas' Campuses and that it is most inconvenient when you need things stamped etc and I am not in my office. Yet again, things will be changing for next year when we will have a Deputy General Manager for the GKT sites, an office administrator and a GKT events assistant who will all be based at Guy's. This is part of the ongoing

process to improve the Union's structure, facilities and presence on the merger sites.

A major issue this term has been the ID card fiasco! All the ex-UMDS students have been temporarily issued with the old style UMDS cards because the King's system did not work on this site. We are now 6 months on and finally the replacement cards are ready and in the process of re-issue. I know that a lot of you would be happy to continue using the UMDS cards, however, the problem is these will soon be rendered inactive and also that you are missing out on the NUS associated discounts. UMDS was not affiliated to the NUS but KCLSU is and so, at present, the majority of the students based at Guy's/St. Thomas' are losing out.

I would like to explain a little about the SRC (Student Representative Council) which is the policy making / sovereign body of the Union. It works on a proportional representation style set up with student representatives from each faculty sitting on the committee. The medics and dentists are the largest single faculty with a total of 30 seats. The elections were in October and only 24 went for the positions as many didn't really know what it does. The SRC is an important tool for the Union and also for us. We have to start working as a team, as a single medical and dental school. The students based



Artist's impression of new Hunt's House

at Denmark Hill are also feeling disenfranchised and I think that it is about time that we unite and start working "as one"!

It is important that the profile of SRC is raised, particularly in the minds of the GKT students. The advent of the 99/00 academic year brings with it a dramatic change to the hospital sites that we know and love. The School of Biomedical sciences, currently based at Kensington and Chelsea will be moving over to the Guy's campus. This will most certainly alter the atmosphere of the site. I believe that we must prepare the students for this eventuality to attempt to try and prophylactically tackle any hostilities etc. I am concerned about this, particu-

larly in view of the apparent bad relations already surfacing at certain events. It is an inevitable result of the merger, but it is extremely important that we challenge any bad feeling and moreover encourage the students to welcome the change (a near impossible task, I admit, but necessary nonetheless).

The Medical and Dental School has and will undergo a certain degree of transformation as the merger unfolds. The Guy's site will become the main base for the 3 GKT schools whilst the role of St. Thomas' and King's Denmark Hill will become that of satellite clinical sites. This is inevitable, however, it is important that the interests of these sites are maintained. This, I



believe, is fundamental to preserving the traditions and histories connected with our three hospitals and moreover, to ensure they are continued in years to come. The new structure provides a powerful voice for GKT, which must be exploited. For this to function effectively it is necessary for the SRC representatives for Medicine and Dentistry to work together.

As I am sure you have noticed the architecture on the Guy's site has undergone a complete metamorphosis. The external features of New Hunt's House are already nearing completion and it is comforting to finally see the architects drawings come to life! Both Shepherd's House and Henriette Raphael are also entering the final stages of development and it is anticipated that all works will be finished by the start of the next academic year.

The GKT Registry and school offices will move and be accessible through the main entrance to the Henriette Raphael Building on the Guy's Campus. There will be a main student reception on the ground floor, with the Academic Centre for the School of Biomedical Sciences, which will provide a single point of contact for all academic matters combining the functions of divisional and school offices in a single integrated location. Registry for the Schools of Medicine and Dentistry will be on the second floor. I hope to inform you of further details

in later issues.

As part of the Site development, catering facilities have been under review. Gardner Merchant (main caterers to UCL) are the preferred contractors and the College is currently negotiating service provision at Guy's, which will include The Spit restaurant, the new SU bars and a new complex in Henriette Raphael building.

The Boland House development is well under way and we are currently liaising with the architects and designers following our market research, which included valuable student input. I will continue to feed back to you on this project.

I hope that this clarifies some of the many areas in which you have expressed concern over the past few months. To prevent misinformation, I have not dealt with the unfinished details regarding buildings and sites, but will endeavour to inform you as soon as these are known. Please contact me if you have any further queries.

Ellie Day

Vice President GKT

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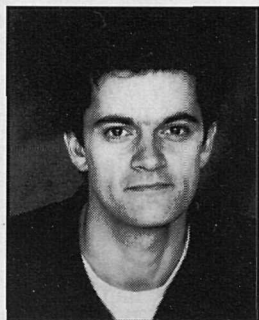
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This month I am delighted to offer you an excerpt from my new unfinished novel based upon my experiences as a junior doctor in District General Hospitals in the south-west of England. It's a murder mystery entitled *The Silence Of The League of Friends Ladies*. Hope you like it.

"One Diet Tango, a packet of crisps... oh dear, hang on a minute... now what have I done?"

Dr Tim Gallant-Thyng (Cambridge and Tommies) sighed as June Ropey (Bedminster, Bristol), the League of Friends lady, tried different combinations of buttons in an effort to stop the piercing whine that was coming from the till in the League of Friends hospital shop. It was known as the Killer Till - since customers were often driven to thoughts of homicide by the time the operator had finally managed to punch in the price of their Bounty Bar.

Tim looked impatiently at his Tag Heuer. It was 1:20pm. He was third in line and a quick game of pool in the mess before the afternoon clinic was looking less likely.

The beeping stopped. "Oh... right. Well, that's better. Now what elsec have you got there, dear?". "I've got a copy of *Amateur Photographer*, which is two pounds fifty, and a *Sunny Delight*" said Nigel Thong, the Surgical Registrar, through clenched teeth.

"That's two pounds fifty and... oh dear - this isn't priced. Maureen! How much is the *Sunny Delight*?"

Maureen was tidying the pencils and rubbers in the Stationary (sic) section. "Hang on, I'll go over to the fridge to see", she said as she went over to the fridge to see.

"Ask Eve, she might know", called June. "Good idea", said Maureen, altering her direction of travel from going towards the fridge area to going towards the back-of-the-shop-where-Eve-serves-the-teas-area.

"It's fifty-two pence, Mrs Ropey". The quietly sinister voice belonged to Mr



Levid the Hospital Manager, who was seventh down in the queue. "Perhaps if you labelled all your produce then we wouldn't all be subjected to these intolerable delays every time we came in here."

Tim thought this strange, as he could not remember ever having seen Mr Levid in the shop before (but not as strange as Nigel Thong buying Amateur Photographer - what was all that about? He didn't even have a camera.).

Without knowing why, he made a mental note that Mr Levid was buying a curry puff, two iced buns and a packet of scampi fries.

"Now, now, Mr Levid", laughed Reverend Woolley, the Hospital Chaplain (eighth). "We cannot all have the patience of Job, but perhaps we could try and show some of the calm understanding of Isiah!"

Along with everyone else who had ever met the man, Tim thought that the hospital chaplain was a right berk. June pursed her lips and carried on hitting the keys of the Killer Till with all the skill and determination of something that is not very skillful or determined at all. That chimpanzee locked in a room with a typewriter trying to write out The Complete Works of William Shakespeare perhaps.

In front of Mr Levid stood Dr Dave "David" Fudge, the Orthopaedic SHO, who was buying his second packet of Extra Strong Mints of the day. Rather naively, he believed that his enormous consumption of these prevented patients suspecting his enormous nightly lager consumption. Unfortunately, it merely led them to suspect he had an enormous daytime Creme de Menthe consumption. Behind Dave stood delectable Jenny Prim, the thin Radiographer, who was buying a bottle of Evian and an emery board. The shop had been particularly crowded for the past few days around this time because there was a rumour circulating that Jenny's dress became translucent against the light of the tall fridge.

In front of Jenny, therefore, was an assortment of male doctors looking sideways at her. Tim's view was obscured by the less pleasing figure of Sister Sledge (Male Surgical and Urology) who was buying four doughnuts, some homemade fudge, a couple of those German yogurts with fruit in the corner, Chat magazine and the latest Word Puzzler.

Back at the till, June had opened the drawer and her demeanour had therefore



visibly lightened. "Do you have anything smaller? I can't change a pound". All of a sudden there was a loud pop and the shop was plunged into darkness. "Don't panic", said a calm male voice. "It's only a power cut. The hospital generator will start up in a moment".

After a moment, Tim wondered why no one had made the joke about not being able to find a shilling for the meter. "I expect they're trying to find a shilling for the meter", laughed Reverend Wooley. Suddenly there was a short, high pitched scream. "I didn't touch her. My hands are in my pockets", garbled David Fudge, but by then the scream had turned into a long gurgling groan.

Everybody began to panic. Something was seriously amiss in the League of Friends Shop - and they were all a part of it. The lights came back on and the screams stopped suddenly, with sudden abruptness. Just like that. Bang. Stop. One minute screaming, the next nothing. Quiet. Not a whisper.

Behind the Killer Till lay the body of June Ropey. Dead. A knife protruded from her back and pool of blood was forming on the floor next to her, making a right old mess of that blue apron thing that they all wear.

And as if that wasn't enough... on the other side of the shop was Maureen. Lifeless among the the Walnut Whips and the Fuse Bars she lay - her hand clenched tightly around her pricing gun.

"I'm afraid it's going to be a long night for you all" said Inspector Jack Chuff as he limped up and down in front of the pool table in the Doctor's Mess. It had been set up as an Incident Room, which had thrown a spanner in the works because there was a Tarts and Tramps Party for the new nurses intake that night. "We have reason to believe that one of the fifteen people in this room is responsible not only for the brutal murder of the two ladies in that shop - and let's not forget that they do it all voluntarily, they don't get paid - but also for the serial killing of seventy-seven other League of Friends ladies in hospital shops throughout the south-west of England."

Tony Gardner

VACANCY

ADVERTISING CO-ORDINATOR

There will be a vacancy in the Gazette for an Advertising Co-ordinator from April 1999.

Applicants should be Medical or Dental students who can spare the time to liase with companies to generate much needed advertising revenue.

Applicants please contact the current editor Jason O'Neale Roach for more information via email or phone.



An observation of the Treatment of Oral Carcinoma at the Shaukat Khanom Memorial Cancer Hospital & Research Centre, Lahore, Pakistan

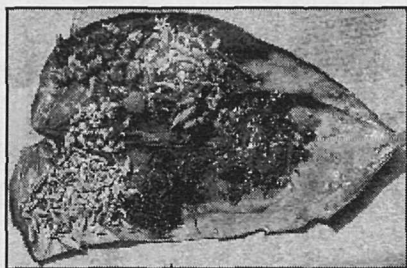
At the end of my fourth year I had the opportunity to visit the Shaukat Khanom Cancer Memorial hospital, Lahore, to complement my undergraduate dental training at Guy's. I was based in the Radiation Oncology department, under the supervision of Dr Shahid Hameed, Consultant Radiation Oncologist.

Introduction

Several oral mucosal lesions and conditions may arise from social habits such as alcohol and tobacco misuse, the most serious of these lesions being oral carcinoma. In the Western world, oral cancers account for 1-4% of all cancers seen, whereas in the Indian subcontinent they account for 40% of all malignant disease¹.

The objectives of the Shaukat Khanom Memorial Hospital and Research Centre are to provide the highest quality diagnostic and therapeutic care to indigenous patients with cancer, irrespective of ability to pay. The hospital plans to be involved in every aspect of cancer research and be at the cutting edge of innovation and research in the field of cancer.

The hospital was founded by Imran Khan, the well known cricketer after his mother's death from liver cancer. Following her death, he proposed an ideal whereby there would be facilities for indigenous patients with cancer, providing treatment irrespective of patient background or family status. It was hoped that by building such a hospital and research centre, the profile of cancer and the need for better healthcare and screening in Pakistan would be raised, and the stigma attached to the disease would cease.



Paan, in this format is chewed by most indigenous people following meals as it is thought to aid digestion. It is the presence of tobacco and betel quid with slake lime that are thought to be the carcinogenic agents.

Many people had thought that such a centre could not exist in Pakistan because of the funding considerations, whereas in reality well over 90% of the capital required to build the hospital was raised through Zakat. This is an Islamic requirement where every year each Muslim must give a percentage of their total wealth to charity. This is the main reason why the hospital continues to be a viable enterprise and is able to provide the service that it does.

The purpose of my elective was to observe the method of assessment of patients presenting at this institute and the criteria upon which treatment options were based. There was thought to be a difference because the hospital provides both private and charity funded treatment.

It is the only centre in Pakistan licensed to provide chemotherapy and brachytherapy. In addition, it is the only hospital in Pakistan licensed to prescribe opioid based analgesics, which have a fundamental role in the treatment of cancer in its terminal stages. Given that the incidence of cancer (especially oral/pharyngeal cancer) is higher than in Western countries, the strain on the hospitals' resources is immense when coupled with the fact that over 90% of the indigenous population are living a standard of life judged to be below the poverty line and, therefore, qualify for treatment from the charitable funding sources.

The Heath Service

There is a poorly funded national health service in Pakistan which is accessed via Government hospitals. These are often heavily used and are only able to offer clinical advice. All medication is prescribed and bought by the patient, even whilst an in-patient. There are no State hospitals offering chemotherapy.

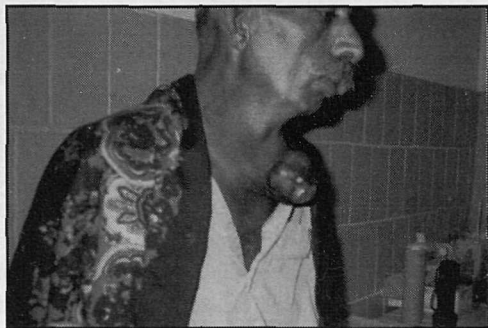


Of the numerous Mission hospitals which are funded by charities, again most are able to provide clinical advice only. The top tier of hospitals, the private hospitals, are the only establishments which offer all care and advice, at a price. It is mainly the private hospitals which have an 'ambulance service', all other patients (even those in the midst of an asthma attack or myocardial infarction) are unfortunate enough to have to make their own way to hospital.

The Shaukat Khanom Cancer Memorial Hospital is the only hospital of its kind in Pakistan committed to providing health care regardless of the ability to pay.

Results

Overall, the only real influencing factor deemed to be a consideration as to whether patients received treatment was the source of finance for such treatment. The modalities of treatment were certainly no different to the UK.



This patient attended with a 'small' lump in his neck. A surgical approach to removal was not possible because of the intimate relationship to the thyroid gland and associated blood vessels. Treatment with radiotherapy was successful in eradicating this lesion.

Unfortunately, over 65% of patients present for initial treatment at T₂N₂M₀. As the hospital is the only one of its kind in Pakistan, many patients are simply delayed in their referral because the initial hospital they presented to attempted management, despite the fact that only the Shaukat Khanom Cancer Memorial Hospital (SKCMH) has facilities for advanced diagnosis and management of cancer (CT/MRI/PET scans). Others were delayed after referral, as despite being informed of the diagnosis of cancer, they delayed presentation in order to attempt treatment provided by local witch doctors and holy men. These patients were offered radiotherapy with surgery only when indicated.

Of the 20% of patients who presented with a TNM classification of at least



T₁N₁M₁, the most common reason for delayed presentation was that they could not afford the journey to Lahore and waited until their condition deteriorated to an extent that they might justify the expenditure on travel. These patients were often considered for palliative radiotherapy only.

Of the 15% that presented with T₁N₀/M₀, most were from affluent and well-educated backgrounds or had family members working within the healthcare professions.

Patients who presented with recurrence of disease following either successful initial treatment or incomplete initial treatment are often not treated aggressively for the recurrence if treatment is supported by the Zakat fund.

Discussion

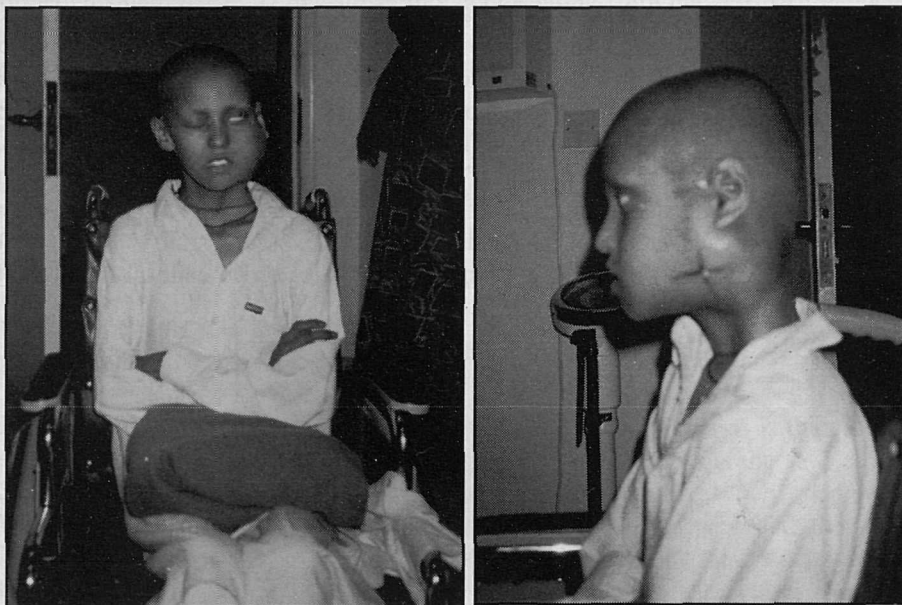
As most patients presented late, and given that the majority of treatment was provided from the Zakat (charity) fund, those patients who presented with disease deemed to be incurable such as chronic myeloid leukaemia and chronic lymphoblastic leukaemia or those with widespread metastatic disease were refused treatment under the Zakat fund. This was rationalised on the basis that with such limited resources, and given the large number of patients who attended the centre requiring treatment, providing treatment to those who could be cured was preferable. Providing treatment to those whose disease progression would simply be delayed or unaffected would prove futile. However, many patients were provided with palliative courses of radiotherapy if the presenting tumour was deemed to be able to benefit from such a course of action.

Of those patients accepted for treatment, the majority would opt to attend as out-patients, which was presumably based on the widespread dislike and fear of hospitals. There were only 28 in-patient beds and these were, without exception during my visit, only used for patients undergoing surgical procedures.

As in the UK, chemotherapy was thought to have no role to play in the treatment of oral and nasopharyngeal carcinoma. Patients were either treated with radiotherapy for local tumours or surgery and radiotherapy for localised nodal involvement.



There was no dental practitioner within the hospital, although most clinicians gave excellent and sound advice regarding the management of oral complications of chemotherapy and radiotherapy. However, prevention of such disease was



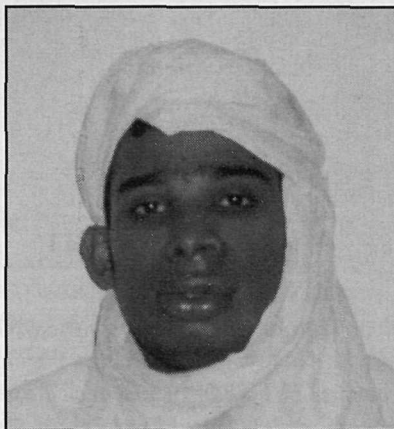
This eleven year old boy attended the hospital after failing to complete a course of chemotherapy for his lymphoma as his parents were unable to afford the journey to the hospital. The node in his neck has the potential to impinge on his airway and indeed, on intra-oral examination was partially obstructing his airway. Palliative radiotherapy was planned, but he died three days later.

neglected, and indeed in the case of patients undergoing radiotherapy for head and neck cancer many were, by standards in this country, ill prepared orally for such treatment with carious and periodontally involved teeth being in the field of treatment in all patients. Although all clinicians recognised the need for a dental evaluation prior to head and neck radiotherapy and chemotherapy, due to the limited resources within the hospital, the acute nature of the presenting patients and the fact that most patients were only able to undergo treatment because of the Zakat fund, there was no compulsory oral screening to ensure the patients were



fit for planned treatment.

It was obvious that the main reason for oral and pharyngeal carcinoma in Pakistan is the common and acceptable practice of either chewing paan or smoking (either cigarettes or hooka). Obviously there is a strong relationship between the presence of disease and social habits (the use of niswar, bidi, betel quid and hooka)². The worrying thought is that the patients presenting are sometimes very young and sometimes, despite successful initial treatment, recurrence occurs because of lack of education and inability to comply with instructions perhaps due to financial or personal circumstances (such as follow up appointments/scans etc.). Any patient who has been successfully treated with funds from the Zakat account is often not eligible to a second course of treatment should a recurrence occur.



This farmer presented with a lesion on his anterior alveolar region which was diagnosed as squamous cell carcinoma. He declined a surgical approach to treatment, and was treated with radiotherapy. At six month follow-up, on examination it was obvious that treatment had not been successful. He could not afford a second course of treatment. He was 27 years of age.

During my attachment I saw many patients presenting with nasopharyngeal carcinoma, and it was thought that regional oral habits as well as an environmental factor, alongside the presence of Epstein Barr virus, was

responsible. The environmental factors were thought to be the uncontrolled and unpoliced use of insecticides and pesticides to increase food produce in some areas of Pakistan, and indeed even I was able to observe the increased incidence of patients with nasopharyngeal carcinoma presenting from the Northern Pathaan region of Pakistan. Regional habits varied from the use of snuff to the chewing of paan all day long.

Comment

The provision of treatment at the Shaukat Khanom Cancer Memorial Hospital appears to be an immensely rewarding and satisfying experience but also an incredibly frustrating occupation. The clinicians, most of whom have been trained in the UK and the USA, undoubtedly have the knowledge and skills required to treat the patients who present. If not to cure then almost certainly to make the progression of the disease as easy for the patient and their family as possible.

However, they are hindered not by lack of organisation or skills as is the case in so many other developing countries but by money which prevents the staff at the SKCMH from providing healthcare to a population that is already deprived. Patients travel from all parts of the country to seek treatment and then are hindered in their quest by their lack of money. Should anyone be deprived of treatment because of this?

Ultimately, the way forward in the provision of treatment of cancer in Pakistan must start with education and ultimately in the long term, prevention of such disease will prove more cost effective. A commitment to health education is the only way forward, and will be the most successful means of combating cancer by the prevention of pre-cancerous lesions. An increase in the funding available to the Shaukat Khanom Cancer Memorial Hospital as well as establishment of further centres of its' kind would also be a step in the right direction, so that many more may have the opportunity to benefit from treatment should they require it .

This elective gave me a valuable insight into the provision of care in a developing country, which dispelled many preconceptions I had about observing the practice of medicine and dentistry in a third world country. The hospital, in terms of facilities and standards of practice, was better equipped than most regional hospitals in the UK, and indeed diagnostic facilities were far superior to even a



teaching hospital such as Guy's.

I would have no hesitation in recommending an elective at the Shaukat Khanom Cancer Memorial Hospital because in a short period of time, due to the nature of the presenting population, it was possible to see a wide range of diseases that I would never expect to see in this country (a case of Chediak-Higashi syndrome presented during my visit which is one of a few cases documented world-wide) There were many opportunities to observe and partake in the initial assessment of patients, who present at all stages and also to observe all aspects of cancer treatment being undertaken. Indeed I would go as far as to recommend such an elective to allow the observation of all types of cancer which is an experience no textbook will ever substitute.

Communication was not a problem, as all staff converse in English and indeed all clerking, and paperwork is conducted in English. There is a huge emphasis on teaching with daily tutorials which are clinically orientated as well as weekly clinical and pathological conferences aimed at junior doctors.

Unique Opportunity to Help

During my stay in Pakistan, one of the local families asked me in my capacity as a 'doctor' to have a look at their child who had been unwell for nearly a year. This child was nine and when I saw him he was clearly unwell, cachexic and had obvious cervical lymphadenopathy and focal eye signs. I managed to convince his parents that he was very unwell and would need to be seen at the Cancer Hospital where I had been working. Cervical lymph node biopsy showed nodular, sclerosing-type Hodgkin's lymphoma. He is now undergoing chemotherapy. His parents are delighted as despite being mid treatment, their child appears to be getting better. This one diagnosis would never have been made had I not the opportunity to visit Pakistan and so, not only did my elective consolidate knowledge from my undergraduate training at Guy's, it gave a child the opportunity of life, that they might not otherwise have had.

Travelling around Pakistan

Pakistan is a beautiful country - travelling around can be an enjoyable pastime,



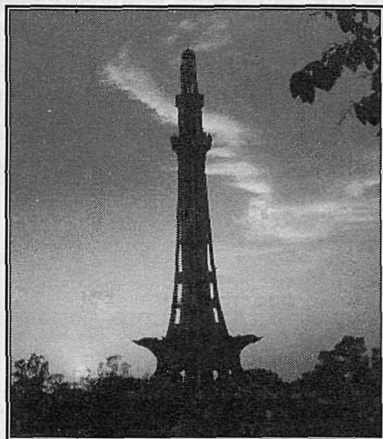
but can, be made depressing by the frank poverty experienced by the indigenous population.

Pakistan only became independent from India in 1947, it was previously under British rule and there is evidence of the British colony even today. For the best example of this, consider visiting the King Edward Memorial College in Lahore. Most of the historic sites of interest in Pakistan can be visited free, so travelling around proves to be cheap.

Anarkali Shopping area is also worth a visit, as pretty much anything you want can be bought here, at Pakistani prices. Beware 'though, the only way to get a bargain is to haggle, as they can spot that you're a tourist a mile off! For a more exclusive shopping expedition, visit the Liberty Mall.

During my stay in Pakistan, I stayed in Lahore, and sites to see here include the Minar-e-Pakistan, Badshahi Mosque, Shish Mahal, King Edward Medical College, and the famous gardens of Gulberg. Also worth visiting is the Mausoleum of Jahangir, three miles out of Lahore, on the bank of the river Ravi, which stands as a monument of surpassing beauty, the finest ornament of Lahore.

Overleaf: Badshahi Mosque by evening. The mosque was built in imitation of the mosque of Al Walid in Mecca. Above the arched entrance are many small turrets of red sand-stone and marble.



Minar-e-Pakistan



Acknowledgements

I would like to thank Dr Moeen Ul Haq for allowing me the opportunity to visit the SKCMH, which offered me a wonderful insight into 'real life' medicine. I would also like to thank Dr Shahid Hameed, Dr Mazhur Ali Shah and the rest of their team for their hospitality during my visit.

In addition, my thanks to Dr Fareida Fortune for her advise regarding the funding for this venture which was supported by the Guy's Hospital Dental Society, British Medical and Dental Students Trust and MIA/BDA elective award.

Nabeela Ahmed

Final Year Dental Student

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AN EGYPTIAN EXPERIENCE

For a terrifying experience, look no further than a taxi ride in Cairo. The roads are wide with no lane markings and apparently no rules. Routinely ignoring red lights, taxi drivers seem to derive enormous pleasure from teasing tourists by seeing how far they can drive with a 'hands-free' steering technique!

Cairo is an exhilarating city, intoxicating for the senses - vivid colours and vibrant people, the smell of the incense, the noise of Arabic bartering and the enchanting calls to prayer from the minarets. This is the Cairo we experienced; the City of the Pharaohs, and of ceaseless traffic and dust.

We were attending the 7th Annual Ain Sham's University Medical Students' Congress as representatives of EMSA (European Medical Students' Association) from GKT and UK. There were about 300 medical students from around the globe taking part. It was enlightening meeting students with incredibly varied backgrounds, all together in one place and speaking one language. We shared a common interest with any political differences left at home.

The following list only hints at the diversity of countries represented: Kazakhstan, Yugoslavia, Belarus, Paki-

stan, Macedonia, Italy, Poland, Nepal, Germany, Russia, The Netherlands, Bosnia-Herzegovina, Ireland, Armenia, Georgia, Denmark, Croatia, Czech Republic, Portugal, USA, Romania, Spain, Slovakia, Ukraine, Egypt and UK.

The congress was of a scientific nature and students presented their research work from various scientific and clinical disciplines. However, other topics related to medicine were also presented, an example being a presentation on the The Power Of The Islamic Word.

The social program organised for us by the Egyptian medical students was fantastic and left very little time for sleeping. The best evening began with a trip to see the awe-inspiring Sound and Light show at the Pyramids. This was followed by a cruise along the Nile, complete with dinner, a disco, and a belly dancer...

EMSA is an independent, non-political, non profit-making organisation run by medical students for medical students. It was officially founded in 1991 in Brussels and is supported by the European Community. The main aim is to forge closer links with medical students both within Europe and internationally through numerous activities.



To find out more, e-mail:

emsa@umds.ac.uk or visit the EMSA
websites; <http://www.emsa-europe> <http://www.umds.ac.uk/emsa-uk>

Katherine Graves Kheng-Wei Yeoh
(2nd Clinical Year Medical Students)



Guy's Memorabilia

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Patient Iris - Nurse John

The task of a nurse in coping with chronic illness may be overshadowed by the role of the resident carer. What do I mean? Well, in hospital, or out in the community, as nurses we see patients with long term afflictions; but we, as it were, 'drop in', just spend a portion of our working hours. Since we only work a bit less than 40 hours in any week, and mostly spread that in dealing with numerous patients, we only spend a small proportion of the 168 hours which comprise a total week. What about the, usually professionally untrained carer, who has 24 hours a day to look after their loved one? In Southwark this year the Mayor has made carers a special theme. Once upon a time scant attention may have been paid to the work performed by these carers. Now a great deal of notice is taken, and assistance is made available to enable patients to stay at home, in familiar surroundings, with their own family. Nurses play a vital part, offering help, advice, and training for the untrained carer. You may notice that I have refrained from writing of the 'noble', self-sacrificing, unstinting care these folk give. I feel such adjectives are highly patronising and not at all what such folk, however hard they work,

however arduous the task, want to hear. I am drawn to this topic after reading John Bayley's personal memoir of 'Iris' in his book of that name, dealing with his care for his wife Iris Murdoch who died recently. I trust readers know that Iris Murdoch is the highly acclaimed author of some great works of modern fiction: John Bayley, also a writer, was a Professor of English Literature at Oxford. Iris Murdoch was diagnosed with Alzheimer's disease, some years ago, and is now apparently unaware who she is, or what she has written. This book is John Bayley's account of his life with her over the past 50 years: 'then' and 'now'. This moving story has also been heard on BBC Radio R4 recently. But to get on, this personal tale, apart from being very moving also contains some interesting revelations. John Bayley, has met, as so many other carers will have done, a woman in a situation similar to his own. I don't know whether he met this woman through some professional network established for carers, but she has a husband who is an Alzheimer's sufferer. I hope I don't tread on any feelings by stating her position thus: I am aware that political correctness has become, so linguistically concentrated that often 'silence' can be the only 'gold' standard. How long ago was it that correctness meant one had to refer to PWAs, (persons with aids) - not 'aids suf-



ferere'? This woman carer sees herself as if 'chained to a corpse', even though she qualifies this as being 'a much loved corpse'. John Bayley rejects this approach, although he felt unable to tell the woman so. Bayley found his life less comparable, and he was even less sympathetic, when this woman added that it was a corpse that 'complains all the time'. Furthermore, would he have written a memoir at all, if Iris Murdoch was alive and 'well'? Now, it must be quite obvious that not only do Alzheimer patients differ, but so do their carers. It is almost akin to the interesting parallel I have seen drawn from any life scene: put a sculpture within a circle of observers, and each will have a different point of view, but each really does view from a different point. However, I find a certain conflict with what Bayley's opposition to the 'corpse' opinion and other aspects he writes. Having a great deal of contact with bereaved people, I am aware of a recurring theme. The dead - the corpse - can no longer be told something, or reminded of past events. Bayley writes of several shared event, with Iris, from the past, that he would love to communicate, but knows she will be unable to remember or have any ability to discuss. I wonder how he would counter this? This is a minor issue, but it seems to me a starting point for an interesting dialogue

about, time, identity, memory, and all the problems carers, the nures who come along and the patient get involved with. But do read the book for yourself: find out about T.E.Hulme, Andrew Lang, the dust John and Iris rarely disturb so hygienic that nurses should learn about this - and gain some appreciation of how carers cope when you shut the door.

Denis Cobell

A STUDENT AT GUY'S

Over the coming months, we hope to publish excerpts of Dr Mann's privately published book, "A Student at Guy's", an entertaining look at medical life in the thirties.

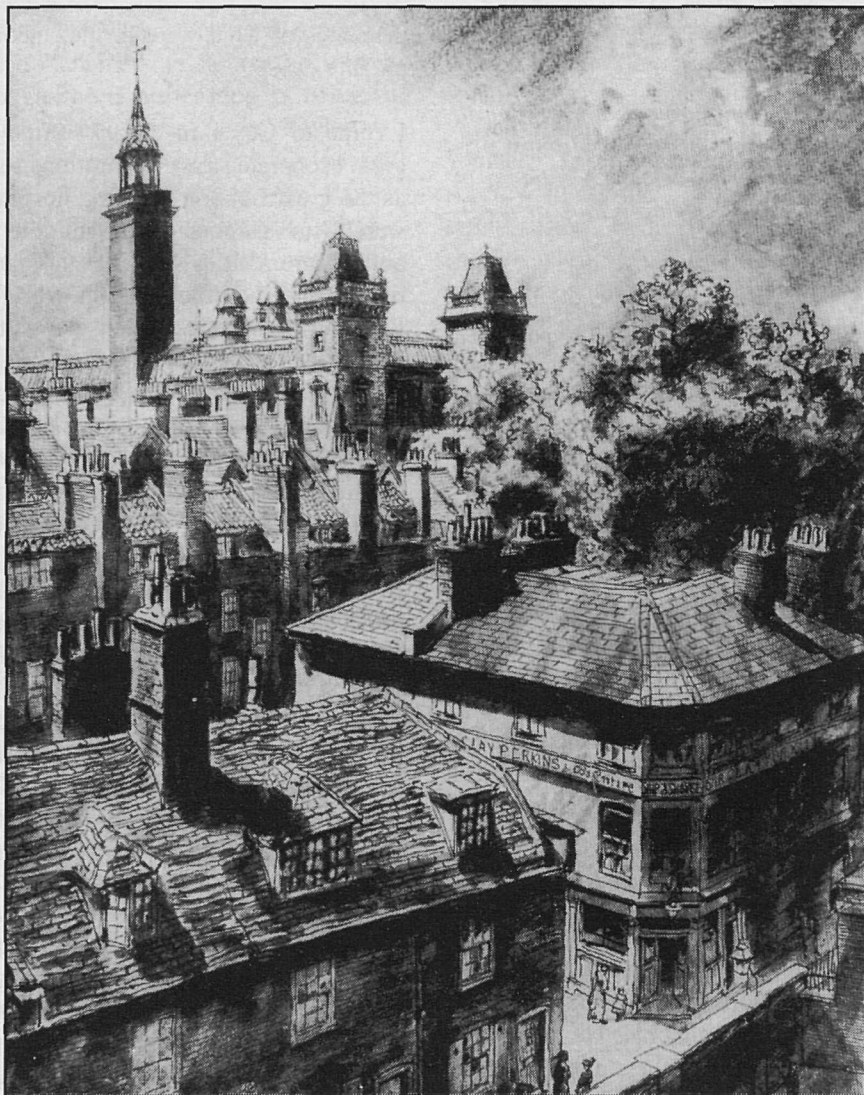
*For a man to be truly suited to the practice of medicine, he must be possessed of a natural disposition for it, the necessary instruction, favourable circumstances, education, industry and time. The first requisite is a natural disposition, for a reluctant student renders every effort vain. - Hippocrates **

Some things change, essentials remain. I have little doubt that the life of a medical student today is just as exciting, just as demanding and as privileged as ever it was since the days of Astley Cooper. But attitudes change, so that the life of a medical student now must be different from what it was, attuned to a different age. I have tried in what follows, to depict the days and nights of a Guy's student as they used to be when I was a student myself. I have avoided, largely, autobiographical detail, in order to give a more objective account of the progression of the student through his clinical years - how he was taught and what he did. In eschewing more than a little that is personal, I have lost the opportunity to describe the

pleasures of what were to me, incomparable days.

I came to Guy's in 1929, a time of great economic stress. Institutions such as the great London teaching hospitals were firm anchors in the middle of poor communities which, in many places, differed little from the world of Bob Sawyer and Ben Allen. It was the fires of war which laid low great tracts of the Boro' and cleared the hop-warehouses from the site where the Tower and New Guy's House now stand. Only working men and women were covered by national health insurance, introduced by Lloyd-George in 1911. A man's family was not so protected; many could hardly pay the fee of sixpence for each consultation demanded by the local doctors. To some extent their needs were provided for by charitable institutions like the Surrey Dispensary in Falkland Road in Bermondsey, but the instincts of the Boro' people anyway were to go to the ever-open doors of Guy's.

Guy's was a voluntary hospital. That is, it was a charity, wholly dependent for its maintenance, as it has been for its construction, on the munificent bequests of Thomas Guy and many other benefactors, public subscription and, what might be mentioned in this context, as the small contribution from street collections made by the students



The "Ship and Shovel" with the roofs and chimneys of the College behind; Hunt's House with its tower and cast iron spire in the background. The view was unchanged in 1935. (From a drawing by Hanslip Fletcher, 1912)



and nurses on special occasions like the day of the Hospitals' Cup final. Guy's always won the cup at Richmond in those days. The staff was unpaid honorary physicians and surgeons. The Residents had their victuals and their bed, their bed and no victualis, or victuais and no bed according to their post and seniority. The Outpatient officers were paid three pounds a week, but given neither board, nor lodging. Exceptionally, the surgical registrar, who became Resident Surgical Officer for the week of his firm's take-in, was provided during his week of duty with a plain little bedroom off one of the landings in the Outpatient block, with sustenance. I had hardly thought this worth mentioning had I not learnt recently from an archivist that she had no idea Guy's was served by a succession of physicians and surgeons who had worked for no monetary reward for more than two centuries, and juniors for a pittance! I believe the ward sisters were paid £80 a year. No payments were asked for from patients.

The Board of Governors, a reservoir of freely given professional skills and exceptional generosity, looked after its fortunes. The day to day running of the Hospital was in the hands of one man - the Medical Superintendent. In my day, this was Sir Herbert Eason.

Slim, tall, elegant, superbly dressed with starched wing collar and bow tie. He became Superintendent having previously held office as Warden and Dean. He was assisted by the sympathetic and efficient Miss Delamere, his secretary in sponge-bag uniform and lace-bordered cap. That was the administrative staff - all of it! Such efficiency and economy will hardly be believed today. The Superintendent was advised on medical matters by the Medical Committee and he reported to the House Committee of the Governors every Tuesday morning, but the daily running of the hospital and all its departments was in the hands of one man - and he worked only part-time at the task for he was also an ophthalmic surgeon. The distaff side was in the care of the Matron. Miss Emily MacManus, a handsome, commanding and resplendent figure in blue silk uniform dress, a cloak lined with acarlet and a white frilled cap, visited every ward and every department of the hospital where patients might attend, once a week. When matron appeared at the door of the ward, the sister whatever she might be doing - even perhaps attending the senior physician, would roll down her sleeves, put on her starched cuffs and attend the matron on her round of the ward. Both Superintendent and Matron had



style. The matron's office was what is now the Clinical Superintendent's office and the Superintendent's office was where his secretary now sits. Sir Herbert's autocratic ways could be devastating, but they were effective. I remember when I was a senior house physician going to complain about something on behalf of the Residents - I expect about the quality of the food in the College. Eason knew who I was quite well. All he said was "who are you?" That was the end of the interview. I stammered a banality and withdrew. But the system worked well. *Autres temps, autres moeurs.*

THE CLINICAL YEARS THE PRELIMINARY CLINICAL PERIOD

Second M.B. was taken in March and then clinical work began. After Easter, we started the pre-clinical class. Later this moved to the big new classroom at the top of the out-patient department; in my time, it was still held in a semi-basement classroom in the School. Dr Boland was our tutor. We began by examining each other, faithfully recording the pulse rates and blood pressures of our contemporaries, measuring the exact number of inches the apex beat might lie from the median line, the response of the tendon reflexes, the visual fields and all the other essentials of a clinical

examination.

After a week or so, the subjects were actual patients. These were professionals. There were plenty of young women attending out patients with mitral stenosis and other varieties of chronic heart disease, or with pulmonary tuberculosis. There were old men with tabes and middle-aged ones with muscular dystrophy, or syringomyelia. For half-a-crown a time, they would submit themselves to the students who learned how to write a ward clerk's report and to examine a patient. Those who are interested should study the ward clerks' reports of those days which were meticulously prepared and then looked over by the registrar before the formal round of the physician or surgeon. There was no question of C. N. S. and a tick. A severe registrar might even tear up a report if it failed to come up to scratch. The ward clerk's report was the definitive record of the patient's stay in hospital. In it were recorded the opinions of the physician or surgeon given on his round, details of an operation and day to day comments on the patient's progress. Eventually, with the registrar's summary on the front, they were indexed, bound and preserved for posterity.

Towards the end of the course we were sent in twos or threes to examine

selected patients in the wards. These patients did not get half-a-crown, but they were usually glad to see someone with whom they could talk and demonstrations were given by a member of the staff. The admirable principle that the teaching of elementary medicine is too important to rest in the hands of juniors was strictly observed.

W.N. Mann

* The Canon, trans. J. Chadwick and W.N. Mann (1978) Hippocratic Writings, London, Penguin Classics.

+A characteristic portrait by Dugdale is reproduced in Cameron's Mr Guy's Hospital.

Paediatrics Key Questions Answered

Oxford University press Jonathan Round
ISBN - 0192629042

Jonathan Round's book encompasses 140 knowledge-based MCQs and over 60 data-interpretive and reasoning questions. In addition to a very useful introductory chapter on MCQ technique, there are chapters on Paediatric Surgery, Community Paediatrics, and Immunology and Infectious disease, in addition to covering the bread and butter topics of Heart disease, Respira-

tory disease and Gastroenterology. The wide range of questions cover each topic in more than enough detail for the undergraduate curriculum, in fact it covers most topics at DCH (Diploma in Child Health) level. The answers for each question are explained in great detail, along with other relevant points - it contains almost as much information as some of the smaller paediatric textbooks, and although some wouldn't agree, learning by doing MCQs is, in my opinion, as valuable as reading a textbook. In fact, given that a large proportion of the Paediatric finals exam at UMDS / GKT is MCQ based this book could well prove to be invaluable.

This text should be found on the bookshelf of every fourth year medical student.

Simon Merritt



My Angel

Author - Jane Kohle

Published by Twisterella Books

ISBN 1-901483-00-2 £6.99

My Angel is the moving story of a mother and her seriously ill child, Jordan. It is written in the form of a diary, and provides a day by day account of the short but special life of Jordan, a little girl ...who died from a combination of encephalitis and a third ventricular astrocytoma, ... and her mother's brave fight for emotional survival.

What started off being a diary intended to be given to Jordan on her 18th birthday, aiming to record momentous events such as when her first tooth came, her first words, her first steps, etc, ended up being the chronicles of her short, painful life, reproduced so that others in a similar position may gain comfort and strength.

This 'diary' whilst undoubtedly invaluable to parents in a similar position to the author, is also essential reading for ALL health professionals, especially doctors, some of whose shortcomings in communication skills are described from the perspective of a mother who is both confused and terrified for her dying daughter.

It is very easy in clinical practice to detach oneself completely from the

sort of situation described. However, this book gives us a unique insight into the emotional trauma the mother of a severely ill child goes through. It is so important to remember how every little thing, both done and said by doctors and nurses at this critical time, will be remembered for ever, inexorably entangled with the parents' memories of their child's short life.

It is very rarely that I have read a book that is so simple, but yet could add so much to the understanding of what it feels like to be on the other side of the hospital bed.

I leave you with these final words from the author;

"I open these pages to you in the hope that, by reading them, you may in some way, be left richer for our story being told"

Simon Merritt



The *Helicobacter pylori* Handbook

Richard V. Heatley
2nd edition.
Blackwell Science, 1998
ISBN 0-632-05176-0

Somewhat akin to an extended monograph review of the field of *Helicobacter pylori* research in a clinical context, this short handbook is certainly worth a perusal by the non-gastroenterologist. The link between this intriguing organism and peptic ulcer disease as well as gastric cancer, lymphoma, and non-ulcer dyspepsia is one of the most important discoveries in gastroenterology this decade. Consequently, research journals have been inundated with papers and review articles, often manifesting conflicting results and conclusions.

For the clinician wishing to update their knowledge of current theories about the diagnosis, treatment and significance of *H. pylori* eradication in the management of gastrointestinal disorders, without wading through mountains of literature, this text is ideal. It is definitely the most comprehensive but short guide written to date, with the generalist, as opposed to specialist, in mind.

Short captions or sub-headings in the left-hand margin facilitate 'skim-reading' and the division of topics and layout is logical and consistent. Stylistically, the prose is elegant and supremely clear, with numerous purple action tables containing summarised guidelines in an easily intelligible format. Management recommendations from around the world are consolidated in a uniform manner and the author's own wise consolidation of opinions about who should be treated and in what way are soundly covered. The diagrams and graphs are particularly well thought out and convey a message in an instant.

Perhaps, the only dilemma in an unrestrainedly high recommendation for buying this guidebook, is that the ever advancing nature of the field means that a new and very much updated edition cannot be far away. The eminently successful first edition was only published in 1995, and forecasts of a further volume within the next three years are inevitable.

Rina Dutta



Oral Cancer A synopsis of pathology & manage- ment

G.Dimitroulis and B. S. Avery
Reed Educational and Professional
Publishing Ltd 1998
ISBN 0 7236 1022 3

This is one of a series of 'Gazette' sized handbooks covering specific parts of the Oral and Maxillofacial speciality. Aimed at early postgraduate level and dental and medical practitioners, this book gives an excellent and well laid out overview of oral cancer and it's treatment.

The chapters are laid out in a spaced and bulleted list form, with some discussion in areas. The reader is lead systematically through aetiology, basic biology, classification systems, and mention of clinical presentations. This is followed by the evaluation of patients in hospital, surgical principles including incision varieties, pre- and postoperative care and complications. An overview of ablative surgical treatments, with reconstruction and flap techniques, leads to the final chapters on radiotherapy and it's complications (with their management), other modalities, and the ever-useful 'New Horizons' section.

The book is certainly not aimed at higher surgical trainee level, but will be invaluable as an aid memoir in practice, and a vital revision tool for those approaching fellowships. As a note however, the books size, layout, and content level means it is readable in a few short hours, so a visit to the library could save vital pennies.

Guy Barwell

Restorative Dentistry An integrated approach

Author: Peter Jacobson MDS FDS

Publisher: Wright.

First published - 1998

It is a brave author who attempts to integrate the traditional academic disciplines of conservative dentistry, periodontology and prosthetic dentistry into one volume. Peter Jacobson has done just that and has, to a large extent been successful. However, his background in conservative dentistry is clearly evident to the reader.

This closely typed text is intended to build upon the teaching of the restorative dentistry subjects in such a way that the student remains focused on the total dental care of the patient. To this end, the first section of the book is entitled "the patient" and covers all those factors that affect the overall management of a patient. This includes a discussion on the important issue of patient expectations of treatment and the influence of medical problems on the delivery of dental care.

A further twenty-three chapters follow, grouped into four sections entitled Restorations and their environment, Clinical management and techniques, Fixed and removable prosthodontics: the replacement of missing

teeth and, finally, Problems. Within these pages are to be found an enormous wealth of practical and theoretical information, which will be of great help to the undergraduate student as well as to someone studying for the MFDS or DGDP examinations.

The book is well illustrated with clear black and white drawings and clinical photographs. By the author's own admission, a single textbook on such an enormous subject cannot be comprehensive. However, the method used to present the material is such that it provides an excellent insight into the art and science of the restorative care of the dental patient. Whilst it is not a book for last minute revision, it can be thoroughly recommended for the clinical dental student.

NL Fisher

Consultant in Restorative Dentistry



Rugby

14TH FEBRUARY 1999

GUY'S AND ST THOMAS' FIRST
V OLD BECKAHAMIANS KENT
CUP SECOND ROUND WON

22-13

The Hospital welcomed Old Beckahamians to HOP for their first visit, the Hospital having despatched Erith in the previous round of the Cup. The opposition are in the league above Guy's in London 3 South-East, but of course that is where the Hospital side should be, having been relegated for administrative errors last season. Thus an even match was in prospect, and that is what it turned out to be.

The Hospital side were showing several changes, notably with Harvey coming in at fly half to replace Neil Davies who was unavailable. He clearly enjoys the position, but so far lacks in experience. In a even first half, Old Beckahamians scored two penalties to a try by Wood. In the second half, Guy's took the lead with an impressive try by Etoch, who beat two men at pace two score midway out. To their great delight, Beckahamians hit back with a try under the post after good support play. Guy's then scored a curious try through Vaughan, when after good pressure from the forwards, the opposition full-

back kicked the ball behind his own goal line and the winger gratefully accepted the kick to score, having taken it still within the in-goal area. At this point in the match the interpretation of the rules by Beckahamians did not match those of the referee, and a series of penalties took Guy's down to the opposition 22, where after a take by Thorpe in the line-out and rolling maul, Clinton crashed over for the fourth try, converted at last by Steve Morgan, having replaced his namesake Peter Morgan both at scrum half and with the kicking!

The game was notable for another curious incident when the referee sent off a spectator supporting Old Beckahamians, who whilst attending an injured player on the field of play, described the referee to his face in unflattering terms, and was promptly banished to the club house. In the end Guy's ran out comfortable winners by 22 points to 13, and progressed to the last 16 of the Kent Cup. With the promise of some financial reward for doing so, they can be satisfied with a competent performance. On the basics of sound scrummaging the front row excelled and excellent line-out play was dominated by Thorpe and Wood. Some terrific defensive play all around the park where Wandsborough in particular was noticeable but all the backs made their mark. Perhaps the highlight of the match was the outrageous

dummy thrown by Challacombe, which took the Beckahamians back row towards the Guy's centres and allowed Thorpe to storm through the ensuing gap for all of 60 metres.

Team Baladasaran D, Edmondson M, Stacey J (replacement Clinton R), Wood B, Thorpe B (Captain), Challacombe B (replacement Davies P), Henry A, Wandsborough G, Morgan P (replacement Morgan S), Harvey S, Etoch R, Girling A, Vaughan A, Behn E.

HOSPITALS CUP, 17th FEBRUARY
HONOR OAK PARK
GUY'S AND ST THOMAS V
UCH/MIDDLESEX WON 60-5

Hospital cup games are never easy. Guy's and St Thomas' were reminded of this salient fact when UCH Middlesex gave a spirited performance. In spite of a half time score of 31-5 in favour of Guy's and St Thomas', the home side were ragged early on, even allowing a straightforward try from UCH backs after Guy's had scored two. Guy's and St Thomas' gradually settled and began to bring more pattern into the play to the relief of coach Steve Farr. The forwards were dominant in the tight, and if the referee had not allowed the opposition scrum half

to place the ball directly in the second row, they would have been pushed off it more often. An early push over try credited to Ben Wood opened the scoring and was followed by two fine tries by Vaughton on the wing. After half an hour Steve Morgan had to go off injured, having already proved that he is a much better scrum half than fly half. This gave Ekeowa the chance to play at fly half for the first time, and he immediately responded by breaking through the middle and scoring under the posts. Just before half time Stacey found himself out on the wing to receive and score.

Guy's and St Thomas' immediately opened their account in the second half, when from the line out in the corner taken by Wood, a rolling maul took play over the line where Edmondson scored. Wood and Thorpe have had a very fine season in the line out against much bigger and better organised packs, and they had a field day. The best play of the match then followed with the game proceeding at pace from end-to-end with the University College backs looking dangerous when they had the ball. But the power of the Guy's forwards eventually told. After one glorious move involving both forwards and backs, Thorpe was almost over but unselfishly popped the ball up for Peter Morgan to score. Further tries were scored by Jacks, who had come on in the centre, Wandsbor-



ough well-up in support, and Schofield, who had a storming match, for a final score of 60-5.

Team Stacey J, Edmondson M, Clinton R, Wood B, Henry R, Schofield B, Thorpe B (Captain), Wandsborough G, Morgan P, Morgan S, Ekeowa U, Bunting S, Vaughton A, Etoch R.

SJC

HOSPITALS' CUP FINAL - 3rd MARCH 1999 LONDON WELSH GROUND

Guy's and St Thomas' V
Imperial Medics

The 124th Cup Final was played in front of a huge partisan crowd at the London Welsh ground. The match was played on soft ground in sunshine but with a strong wind blowing down the pitch. St Mary's elected to play with the wind, and in spite of early pressure from Guy's and St Thomas', St Mary's opened the score with a penalty. Imperial Medics went on to dominate the first half. The wind played a significant role, blowing hard down the pitch and enabled the St Mary's/Imperial Medics kicker to land two more penalties. There was a touch of *deja vu* when from an inside move near to the scrum, the opposition centre went over near the posts in a similar manner to last year. The half time score was a disappoint-

ing 16-0 in favour of St Mary's. They had looked a better side, and the Guy's side would have been disappointed in losing the ball so many times in the tackle.

However the second half was a different story, and with the wind at their backs and some half time changes in the side, the hospital were able to apply consistent pressure. It began with a good run by Ekeowa down the left side. He was brought down a couple of yards short, but unfortunately Guy's and St Thomas' were unable to capitalise, due to very sound defending by St Mary's, which was a feature of their game. When Davies missed a couple of kicks at goal, there was a feeling that it was not to be "our day". However, after a tackle by Clinton in midfield released the ball for Benn to run a full 50 yards along the touchline to score wide out, perhaps too exhausted to move closer to the posts for an unconverted try. This sparked a period of intense Guy's pressure, which culminated in Stacey going over the line, but the referee awarded a penalty try under the posts to take the score to an exciting 12-16.

Imperial Medics immediately hit back with their only score of this half for a try wide out and a final score of 21-12. Coached by the ex-England No. 8 David Rollitt, Imperial Medics certainly looked a well-organised side, having been in the final of the Na-



tional Students' Competition the week before. They also dominated the line out, which had been one of Guy's and St Thomas' strengths all season. For Guy's, the defence throughout was outstanding, particularly the back row of Davies and Jacks. However, an immense disappointment though a fine UH Cup Final, well-supported and with representatives of much of the press, like the students and staff, enjoying their day.

Team Baladasaran (replacement Clinton R), Edmondson M, Stacey J, Thorpe B, Schofield B, Davies P, Wood B, Jacks C, Morgan P, Davies N, Etoch R, Bunting A, Ekeowa U, Valzeboert, Pin H.

SJC

Football

WOMEN'S FIRST XI FOOTBALL RHUL 0 - GKT 5

It seems that the first women's football team can do no wrong at the moment. Although we had a disappointing start to the season, since Christmas we have convincingly beaten many teams in higher positions - both in the first division and the premier league. We ended the season in style recently at the Royal Hollo-

way.

The hail, which threatened to render the pitch a mud bath stopped almost immediately we kicked off and had done nothing to dampen our spirits! We started attacking almost instantly with Judy flooring two RHUL girls in a determined run towards goal. Before they knew what had hit them they had conceded a corner - which they defended tightly, closely marking all our players. Taking the corner and seeing no options in the box, Liz did the only sensible thing and curved the ball to the top right hand corner of the net. Seriously, this girl is good!! Despondent, the RHUL girls struggled to keep the ball out of their half. With the GKT central mid-field playing at their best - Judy putting in convincing tackles and Carole seemingly everywhere collecting and creating from any sloppy passes - it was hard to see where an RHUL attack might come from. The defensive strength was also obvious - with not a single ball getting past our fullbacks Hema and Racheal. Unable to beat the skills of the GKT mid-field, they began to adopt a defensive strategy aimed purely at maiming Claire B on the left wing, obviously blissfully unaware of her nickname 'pitbull'. However, rather than responding with profanity or an 'off the ball incident', Claire scored a precision goal that left the whole pitch



astounded. Her chance came as RHUL failed to convincingly clear another demon corner from Liz - and seemed powerless to intervene as the ball fell to Claire. She stopped, turned, surveyed the net before placing the ball just out of reach of the RHUL keeper, inside the left hand post.

The GKT girls were on fire, proving to the assembled RHUL rugby rabble that girls can accurately pass a ball with feet and heads. Many shots were close to the target and Kazumi was unlucky not score 4 or 5 herself, but played an integral part in setting up two goals in quick succession from Liz before half-time - on both occasions dribbling past and turning three or four defenders before crossing the ball in a textbook display of skills.

Nick had no complaints at half time and we began the second half confident of extending the 4 goal lead. However, the Holloway girls seemed to have pulled it together and began the half strongly beginning to mount a few attacks but playing the ball far too in front of them to pose a problem for Mel and Sally in central defence - only once was the famous Mel Walsh sliding tackle called for. The four defenders worked well together to cover all areas of their half, proving, yet again, that knowledge of the off-side rule is not only found on the Y

chromosome. The two long distance strikes that the defenders didn't manage to clear prompted brilliant reflex saves from Lucy - who was glad of the chance to do something. It was an accurate goal kick from her out to Claire S that led to the next GKT goal. Claire's progress down the pitch involved a beautiful 1-2 with Judy, whose accuracy was no less simply because she was on the floor, and ended in a superb long range volley from Carole that curved over the keeper and under the bar. Certainly a strong contender for goal of the season. After that the GKT girls had all the pressure, and we were unlucky not to score more. The RHUL keeper did well, making good saves from Kazumi, Liz and Claire S. Overall we were pleased with the performance - ending the season on a high note, and later under the table.

Team: Lucy Simmons Mel Walsh
Sally Hobson (Captain) Hema
Verma Rachel Besser Carole
Campbell Judy King Claire Britten
Claire Shanks Kazumi Horinouchi
Liz Ward

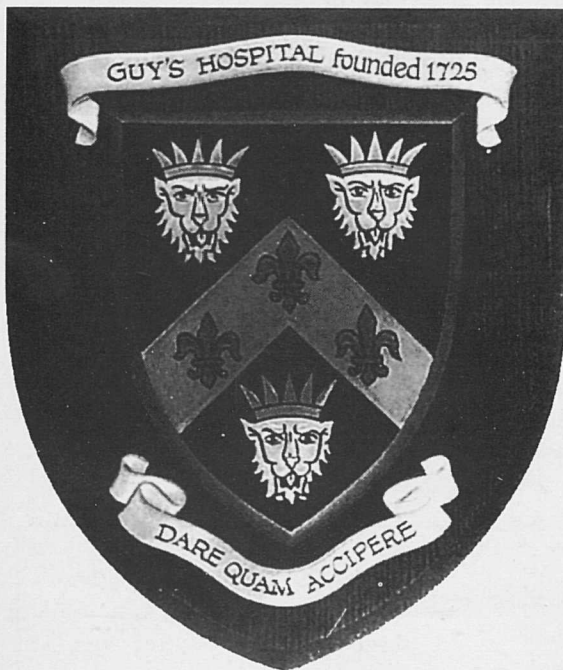
Sally Hobson



Guy's Hospital

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GUY'S

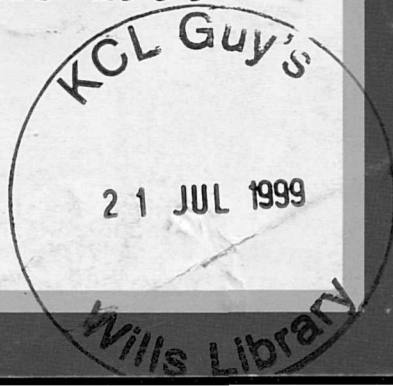
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Gazette



May/June 1999

- Joe Daws Retires
- New Dental Course
- ISA's

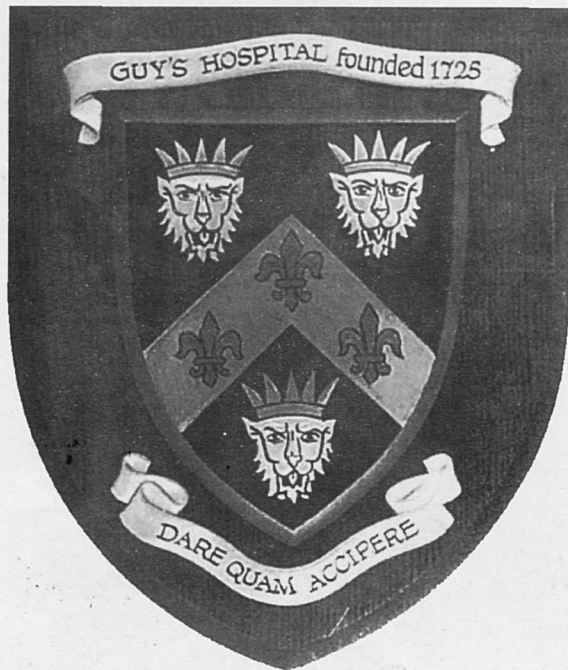




Guy's Hospital

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GUY'S Gazette

CONTENTS - MAY - JUNE 1999

- 146 Passim
148 Letters - In Memoriam, Farewell
150 News in Brief
152 News - Changes afoot, Joe Daws retires, GKT - initial three months
157 Looking Glass
159 Feature - Monet
162 Feature - ISA's
167 Weakending
173 Feature - Recollections of the thirties: the clinical years
181 Nursing Notes
183 Reviews
187 Obituaries
189 Sport - Rugby

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Passim

There could not be a more exciting time to take over as editor of the Gazette. I must commend the previous editor and her team for taking the Gazette from strength to strength over the past year and a half. I hope that I will be able to continue their success. On account of a layout error in the previous issue, Nabeela's farewell letter is reprinted in this month's Gazette.

The monumentous changes that have affected everyone involved with the medical and dental schools continue to unfold as months pass. However amidst all of this, the Guy's Hospital site has emerged as the centre and hub of the largest medical and dental school in Europe.

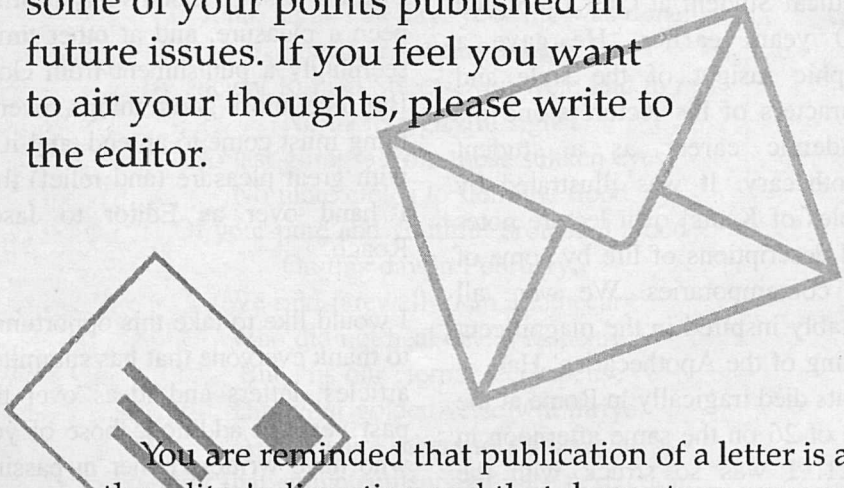
In light of this, the Guy's Gazette will need to evolve over the next few months , to ensure the future of the oldest hospital gazette in the world is secure. It is my aim to ensure that the heritage surrounding this great hospital and it's monthly journal is not lost, while embracing the need to represent our new colleagues, as we have done in the past for St. Thomas' Hospital and it's students. I look forward to a long and bright future for the Guy's Gazette, and I look forward to it playing a central role in the future of the trust, and the medical and dental schools.

Jason O'Neale Roach

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.



You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



In Memorium

Dear Sir,

I, together with many of my colleagues, went to the Apothecaries' Hall in Blackfriars on the evening of 23 February 1999 to hear John Keats Memorial Lecture by Dr Bob Knight, retired Physician at Guy's. His lecture - "John Keats and other Doctors. What did he learn from them ?" - As a masterly presentation to the life that young John Keats would have enjoyed as a Medical Student at Guy's Hospital 180 years earlier. He gave a graphic insight of the style and characters of his lecturers and his academic career as a student Apothecary. It was illustrated by copies of Keats' own lecture notes and descriptions of life by some of his contemporaries. We were all suitably inspired in the magnificent setting of the Apothecaries' Hall.

Keats died tragically in Rome at the age of 26 on the same afternoon in 1821. I was so struck with the poignancy of the situation that I composed the enclosed tribute - Crepitations during a lunch hour, on my way to the lecture in the taxi, in the Great Hall itself and on my

way home on the train to Sidcup. Sadly, I do not think it will be quoted nearly 200 years hence. Hopefully, that of my hero will live on.

Yours sincerely,

David Tong
Consultant Radiotherapist

Farewell

Dear Readers,

Working as Editor of the Gazette over the past 16 months has at times been a pleasure, and at other times seemingly a punishment from God! But like most good things, everything must come to an end, and it is with great pleasure (and relief) that I hand over as Editor to Jason Roach.

I would like to take this opportunity to thank everyone that has submitted articles, letters and ideas over the past year. In addition, those of you who have written, either in passing or directly to congratulate me on the production of the Gazette (and at times to tell me off) also deserve a mention for the effort. And without meaning to embarrass either, I am

very grateful to David Tong and Tony Gardner for their constant and amusing contributions to the Guy's Gazette.

My sincere thanks also to Paul Stevenson and Lindsay Harvey for being wonderfully efficient alongside the remaining Editorial team

that supported me.

I wish Jason and his new team the best of luck for their term of office!

Yours faithfully,

Nabeela Ahmed

*Retiring Editor, Guy's Hospital Gazette
1998-1999*

CREPITATIONS

In Memory of John Keats
(Died on 23rd February 1821)

O John; Upon this day, your life was done;
Your final, weary breath;
By ancient Roman Streets, you were laid to rest
No more regretful sighs;
No last glimpse from those sunken eyes;
No more cloths to stem the flood
Of your pure and youthful bronchial blood
On this day in February,
We said farewell to an apothecary
Who did not heal or e'n dispense,
But, 'tis our eternal recompense
That your golden verse will thrive
And, inspire others to also strive
For that enlightenment and pure perfection,
In English word and subline reflections.
So, breathe now in comfort, dear John:
Near two hundred years, your verse lives on.

David Tong
February 1999



Plasma-Kinetic surgery

Plasma-kinetic surgery is a new technology system developed by a young Cardiff based firm called Gyrus. It allows a surgeon to

precisely control radio frequency energy to remove and modify body tissue with requiring only minimal access. Launched in 1997 through a division Johnson & Johnson it has been used extensively in the USA for

arthroscopic management of sports injuries to the knee, wrist and elbow. The technology is already in use in treating disorders of the uterus and is undergoing multi-centre trials in treating benign prostatic hypertrophy.

New HPV test

A new test detecting the presence of HPV (human papilloma virus) DNA with 90% sensitivity and specificity was announced at the 1999 Cervical Cancer summit held in Chamonix, France. HPV is known to cause cervical cancer in the 5-15% of women in which it remains as a persistent infection. This could allow safe extension of the screening period if used in conjunction with the Pap smear (20-30% false negative rate), and would shorten the length of follow up for women after treatment for cervical lesions.

The end of St. John Ambulance?

St. John Ambulance, which provides First Aid and Care services worth over £40 million a year is under threat if it continues to lose vol-

unteers at the current rate (8% decline in volunteers, and 14% decline in cadets in 1997). Peter Carver, Commissioner in Chief for St. John Ambulance says "The losses experienced year on year are unsustainable". A national re-

cruitment campaign has been launched in response to this threat. Those interested in offering services in any of wide range of opportunities should call 0870 1290 900 before June 24th.



Cloning Kills

In a recent issue of the *Lancet* (1st May, 1999), French researcher Jean-Paul Renard and co-workers report that a cow cloned with DNA from an adult cell may have died because of errors

in its DNA's genetic reprogramming. Although there have been many reports of clones dying during pregnancy or shortly after birth, this is the first report that indicates that cloning may have long-term harmful effects on the clone. The

researchers suspect that some part of the cloning process interfered with the clone's genetic reprogramming and prevented the normal development of the lymphoid system.

Guy's Research

In this week's *Lancet* (1st May, 1999), Professor Harold Ellis and colleagues from the UK report on a study of the frequency and effects of such complications in the general population. The investigators used the Scot-

tish National Health Service medical-record linkage database to identify patients who had undergone abdominal or pelvic surgery in 1986, and had no record of surgery in the previous 5 years. The patients were followed up for 10 years. Analysis of admissions in 1 year showed that

direct adhesion-related admissions were as common as hip replacements and appendix operations. The investigators concluded, "Postoperative adhesions have important consequences for patients, surgeons, and the health system".



Changes are afoot

August the 1st brought the merger of UMDS with King's College and the beginning of Guy's, King's and St. Thomas' (GKT) Dental Institute. After nearly 10 months the structures to the merged Institute are becoming clearer. The institute has an intake of 145 dental undergraduates being one of the largest in Europe. The institute is spread over the several sites although most of the teaching in the early years will be spent at the Guy's Campus. The coming together of so many individual skills and expertise under one organisation will make the new institute better than the individual components before the merger. Just as the merger with the Royal Dental Hospital was so beneficial to Guy's the new merger can only strengthen it further.

One of the benefits to Guy's is the replacement of Hunts House, the new building is due to be completed by the Autumn. It is a most impressive sight. With previous experience of new buildings at Guy's close to the memories of many of the current staff this new addition

has been erected extremely efficiently. And the builder is French! The building will be used for biomedical teaching and the new occupants are coming to Guy's from many different campuses within King's College.

The new GKT Dental course began in September with the 148 students all sitting comfortably in the refurbished anatomy lecture theatre. By all accounts it is running smoothly. The plans for succeeding years are becoming clearer with most of the early work carried out at the Guys campus. Phantom head teaching will commence in the autumn term of year two, initially on floor 27 and then moved to a new facility on floor 20. The first phase of clinical treatment in year 2 will involve treating patients with teeth, the so-called dentate phase, whilst in year 3 the students are introduced to patients with missing teeth. So the early work repairs the teeth with plastic restorations and later as their clinical skills develop they learn how to replace missing teeth with dentures or bridges. Students will not be taught the practical stages of implant treatment but will be made

aware of the indications and contra-indications for treatment.

As the programme progresses the students are introduced to dental treatment of children and elderly people. At this stage some of the clinical teaching will be provided at the Denmark Hill and some at Guys. In the final year the teaching will also be conducted at St. Thomas'. The principle behind the teaching in the final years will be "Integrated Dental Care" where students have the responsibility for

all treatment needs, crossing the restorative specialities, and supervised where appropriate by specialists or consultants.

The merged Institute has a tremendous opportunity to set the trend for teaching in Dentistry within the UK. With good fortune the new Institute will become stronger than the individuals schools were before the merger and be the best as well as the largest in the UK.

David Bartlett



Guy's Memorabilia

<i>Crystal Whisky Decanter (gift boxed)</i>	<i>£70</i>
<i>Pewter goblets</i>	<i>£25</i>
<i>1-pint pewter tankard</i>	<i>£25</i>
<i>6oz Hip flask with captive top</i>	<i>£19</i>
<i>4oz Hip flask</i>	<i>£14</i>
<i>Gold plated cuff-links (boxed)</i>	<i>£20</i>
<i>Keyring</i>	<i>£1.50</i>
<i>Paper weight</i>	<i>£4</i>
<i>'250 years of Guy's' book</i>	<i>£3.50</i>
<i>Crystal night cap set (2 tots, boxed)</i>	<i>£37.50</i>

(Please add £1 for postage and packaging. Crystal items not posted.)

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Joe Daws Retires

On April 30th Joe Daws retired as chief technician to the Gordon Museum after 38 years of service.

Joe started work in the museum on the 27th of March 1961 after working at the Royal College of Surgeons and the Natural History Museum previously. During this time he completed his national service in Malaysia with the intelligence corps.



(R to L)

Joe, Jean, Joe's son and Daughter in Law

The museum provided food and wine for the many guests that were invited representing members from all of the schools departments. Colleagues both past and present included the Principal Sir Cyril

Chantler, Curator Professor Sebastian Lucas, the Pre-clinical and Clinical Deans and the former secretary of the school Mr Donald Bum-pas. It was also a dual celebration, as his wife Jean, was retiring from Guys after nearly 20 years of service.

When Joe walked through the door to the curator's office, the museum was a pathology museum with a small history. Now, after Joe's reign, it is a world renowned collection with a large number of specimens, notably the Hodgkin, Bright and Addison collections and the Astley Cooper collection recently resurrected from St. Thomas'.

As Joe walked out of that same door 38 years later he has left the museum in a good shape for the future.

Joe's vision was to integrate the museum into teaching in all areas, at every level both undergraduate and postgraduate. He was instrumental in establishing a large audio-visual

unit and was very keen on the use of the museum as an information technology room for the Guys campus. Without Joe none of this could have happened. In fact if it were not for Joe's stoic defence of the museum and ensuring that the museum never became stale it is likely that the Gordon museum would not be here today.

Professor Chantler described Joe as 'a person always with a positive attitude' and Professor Lucas thanked Joe on behalf of the school for the work he had done in transforming the museum. Joe has always been very keen on students using the museum to its full potential. In consultation with the Student Medical Education Committee the museum is open seven days a week all year round.

Joe was very sympathetic to students needs and is a past winner of the SMEC student support award. It was fitting therefore, that the Vice President of KCLSU responsible for GKT Miss Ellie Day, thanked Joe for all of his efforts, support and friendship that he brought to all of the students. All who knew Joe will be sorry to see

him leave.

Joe was presented with numerous presents. A generous collection, casts of the shield which line the galleries, his own Gallstones, kindly mounted by the museum workshop and the privilege that the Anatomy room is now renamed the Joe Daws Anatomy Room in recognition of his long-standing and great contribution to the museum.

In the future Joe will stay on as the Archivist for the Guys campus on a part time basis. Considering the changes that have happened to the school over the last 40 years it seems that Joe will have a large amount of documents and historical data to collect.

If such a feat is possible, Joe's position will be taken by Bill Edwards. He has worked with and been a friend of Joe's for the last 20 years. Hopefully with continuing advances in computer technology, including the introduction of CD ROM's onto the museums computers, the Gordon museum will continue to thrive as an important learning tool and asset to the school.

Will Topping.



GKT Year Three - the first four months

The students joined Year 3 of the new GKT School of Medicine curriculum in September 1998. After the introductory course all students have completed their first rotation and the time for assessment of the current curriculum has come. Meetings with the staff of the rotations and with the students who have studied at each of the four hospitals have happened or will happen soon.

Some imperfections have been identified such as the inequality of experience across the firms, the poor facilities for symposia in the Greenwood Theatre, the failure to co-ordinate the teaching to weekly themes making learning even more daunting, and the variable demands of the special study modules.

Some successes are evident such as the existence of problem based learning and teaching in primary care on some firms, the excellent performance of many students in the firm case presentations, and the collection of signatures in the log-

book recording observed successful achievement of core clinical skills.

Some anxieties about the course are real (the content of pathology and clinical pharmacology and the time students spend away from "firm teaching" each week) but these are recognised and strategies to measure their impact on the learning of the students have been developed.

Other anxieties such as the extent of the integration of basic medical science into the Year 3 course, the increased load on the teachers when time is already so short, and the insecurity of students when facing such a diversity of opportunity and an endless amount of facts and skills, need careful consideration before help can be offered or solutions found.

There is much to think about and to do, and the Year 3 Committee is working hard to identify problems and plan solutions for implementation in 1999.

Dr Nigel Bateman
Head, Year Three



Painting by numbers?

Medical School selection is a tricky business. As someone who has advised hundreds of students on the application procedure over the years, I have been able to see a huge range of students come through the system. What becomes painfully obvious is that the medical school selection procedure can be beaten. Certain fixed criteria can be planned out and attained by the applicant in a methodical, manner as a means to an end. One could put this down to the keen student doing everything they can to ensure acceptance. However it also means that students who may not really have put much thought into what being a doctor entails, can potentially follow the steps and often jump the preliminary hurdles to get to an interview or acceptance stage. I am not convinced that all such students who are merely 'painting by numbers' are suitably filtered out at the interview stage.

Four years ago, I walked through the long colonnade outside the medical school of Guy's and St. Thomas' and smiled. I remember

it now as if it were yesterday. I was ecstatic at the prospect of being the next Anthony Edwards, only with a little more hair, a bit more bulk, and a lot better luck with women. I know I was not alone, mainly because of the casual remarks some of my colleagues used to make to our female counterparts about being able to resuscitate so much better than George could.

So what has changed in four years. Well, although I still dream of being a budding George Clooney, membership to the BMA, and access to literature such as this magazine has truly opened my eyes. It was frightening to read about the horrors that the NHS system holds for doctors.

As an applicant and a student, although the realities are often there for you to see, it is easy to pretend it will all happen to someone else. As you progress, the realisation starts to become more marked. Although I have not been put off as yet, I constantly read about doctors dropping out of the profession. Maybe these people, like myself, did not totally appreciate what a career in medicine was going to ask of



them. Surely selection should have discovered this? Something appears to be going wrong somewhere.

What alternative do the schools have to current systems? As a student who had to retake A-Levels to get into Medical School, I truly appreciate the importance of drive, that got me the place over something like a potential thirty other candidates. It is this same drive that has allowed me to maintain my focus during such a long course, and those areas of it that seem least relevant at the time. Hence I feel that the more mature student is in a prime position to enter the course having obtained a much

deeper understanding of what is involved, and perhaps thought twice before embarking on the road ahead. Therefore although I think ideas to limit medical intake to graduate only, or an older age group might be a step in the right direction, I think medical schools also need to look closely at the basis on which they are selecting students. Although there is an obvious necessity for high academic criteria, purely because of the number of applications, perhaps other areas need to be examined and somehow standardised more carefully.

Jason O'Neale Roach
Editor

Monet

Impressionist art and impressive profits

The latest Monet exhibition to hit London has been quoted as the most popular art exhibition in the World . After it's record breaking success previously in Boston, it looks set to do the same here. No doubt to say that the hype has certainly paid off. It is sad to say it's about money as well as art. The retail value of the show is estimated at around £800m, making it one of the most valuable shows staged in London. It's also about saving the venue it's staged at, which has a deficit of £3m . No doubt to say that they will probably be wiping the slate clean with ticket sales at £9 each and all the merchandising accompanying it..... needless to say in this age of commercialism a lot of money is being made out of Monet.

That's enough about the monetary side of Monet, from now on, art is all that will be commented on. This series of paintings takes us through the last 26 years of his prodigious career where he breaks the bounds of observation and becomes a visionary painter, most notably in the use of the natural world of his extraordinary garden at Giverny. It must be said that in order to truly appreciate the canvases especially in the grand final room it would have to be empty so that you could view it all uninterrupted. Alas this is almost impossible because of the record breaking crowds. It is in this final room that Monet's amazing vision can be revealed.

The exhibition begins, as it should, with some paintings of the walks and lily pond at Giverny, done in 1900, but it was to be a few years yet before Giverny would be his principle, eventually his exclusive, subject.

The second room, which has a selection from his London series done between 1899 and 1901, marks the shows other supreme set piece. Monet first came to London as a penniless artist to escape the Franco-Prussian



War. Thirty years later he could afford to stay at the Savoy, painting Waterloo Bridge and Charing Cross Bridge from his rooms in the hotel and the Houses of Parliament from a balcony on St. Thomas's Hospital, no less! Needless to say that if he was there fifty years later his sight may have been saved by Harold Ridley with pioneering cataract surgery.

Monet's last foreign painting trip was to Venice in 1908. A small Venetian collection is included, but it is less atmospheric than those of London, and a lot less sensual than the paintings of Giverny and the water lilies.

The exhibition ends as it begins with the lilies. The lilies floating on the constantly changing reflections of the pond encapsulated his artistic aim of painting "impressions" directly from nature. Monet becomes the painter of water and light. As Monet's eyes grew weaker, so the paintings grow larger, and the statement broader and looser. But they do not grow any the less controlled which is the Miracle of Monet in his great old age.

The fact that these peaceful pictures were painted in spite of declining health and unprecedented private and public turbulence, is the stuff of heroic legend. The garden was almost destroyed by flood. His wife died. As did his eldest son. His other son fought in the First World War, which raged uncomfortably near Giverny. And cataracts increasingly reduced his sight. When you wander around the gallery and remember these facts, his paintings seem even more spectacular.

Monet in the 20th Century is still showing until April 18 at the Royal Academy of Arts, Piccadilly, London W1.

Recently I read the funniest quote. A group of young Americans stumbled on a long winding queue down the side of Piccadilly near Hatchards Bookstore. One of the group questioned a person in the line with great anticipation, "Omi God, are you y'all waiting for Monica ?" The lady in the queue mumbled with disbelief, "well you could say that. It does begin with an M, ...we're waiting for Monet!"

Shamila A. Moodley

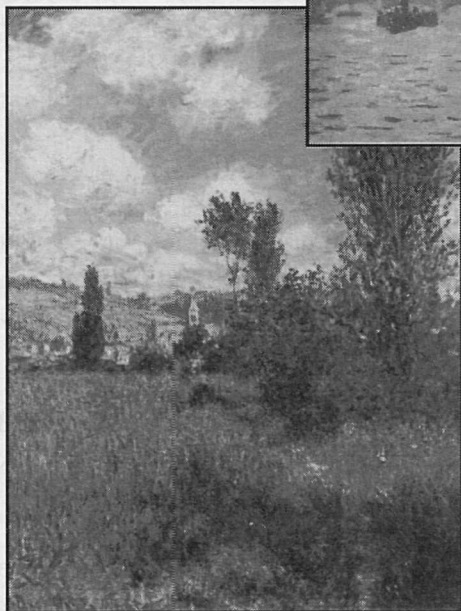
May - June 1999

G A Z E T T E F E A T U R E



Magpie

**Parliament
at
Westminster**



Martin



ISAs

THE NEW TAX EFFICIENT INVESTMENTS

What you need to know

ISAs are the new tax efficient savings and investment schemes introduced in April 1999. ISAs are simply a wrapper for a wide range of investments. They offer three components - stocks and shares, cash and insurance. There are two types of ISA: the mini and the maxi. Each year you can decide afresh which one is your best investment choice for the current tax year. As with PEPs and TESSAs, you will not need to tell the tax office of your ISA investments.

So how will ISAs work?

The key thing to remember is that ISAs are similar to what went before. They allow you to tax efficiently invest a set annual amount in stocks and shares, cash savings and life insurance. In their first year (1999-2000) ISAs allow you to invest up to £7,000 worth of investments, although this limit will fall to £5,000 in subsequent years.

Maxi ISAs are the product most similar to the old style PEP, because they allow you to put your entire 1999/2000 £7,000 allowance into stocks and shares if you wish. Alternatively, you could place up to £3,000 in cash savings and the remainder in stocks and shares. These limits fall to £5,000 for shares and £1,000 for cash in subsequent years.

This is the simplest way to use your ISA allowance, as the same fund manager will handle your investment whether you want to invest in the stock market or cash. Choose this route and ISAs start to look rather simple.

A handful of companies will also allow you to invest £1,000 in single



premium life insurance through your maxi ISA, but the tax benefits are not so attractive and this is unlikely to be one of the most popular options.

Alternatively, you can take out up to three mini ISAs each tax year from three different managers but if you take out a mini ISA the minimum amount you can place in stocks and shares will be lower. In the 1999/2000 tax year you can invest up to £3,000 in the stockmarket, up to £3,000 in cash (£1,000 in subsequent tax years) and up to £1,000 in life insurance. These individual limits cannot be exceeded even if you decide not to invest in all three components.

Mini ISA 1999/2000	Maxi ISA 1999/2000
you can have up to three separate plans each holding one type of investment £3,000 £1,000 £3,000 in cash in life in stocks insurance shares	you can invest a maximum of £7000 with one plan manager, spread between the following investments £3,000 £1000 £7000 in cash in life in stocks insurance shares
2001/01 onwards	2001/01 onwards
you can have up to three separate plans each holding one type of investment £1,000 £1,000 £3,000 in cash in life in stocks insurance shares	you can have up to three separate plans each holding one type of investment £1,000 £1,000 £3,000 in cash in life in stocks insurance shares



Mini ISAs will have less appeal for investors who prefer to invest in the stockmarket, because of the lower maximum limits.

You cannot mix and match mini- and maxi ISAs in the same tax year. So if you place just £1 in a cash mini ISA, you will immediately reduce the amount you can put in shares from £7,000 to £3,000 because you can only invest in stocks and shares through a mini ISA. This may catch many investors out.

The main question when choosing whether to invest in a mini or maxi ISA is what proportion of your investment to put into shares or cash.

With both types of ISA you can invest either with a lump sum or regular contribution, although most providers will set a minimum limit for example, the Wesleyan ISA, available through Medical Sickness has a minimum £200 monthly contribution and a minimum single premium of £2,000.

Whichever route you choose, it pays to take out an ISA with a provider that keeps things simple.

CAT standards

One controversial element new to ISAs is Government CAT Standards. These are voluntary standards for ISAs aimed at enabling investors to compare low Charges, easy Access and fair Terms. These are:

- * Stocks and shares. An annual charge of no greater than 1% with no other charges. Minimum investment limit no greater than £500 a year or £50 a month. The fund must have a minimum of 50% invested in the EU stock exchange and shares must be single priced at mid-market price.

- * Cash. Minimum transaction must be no greater than £10. Withdrawals must be allowed within seven days and interest paid no lower than 2%



below base rate. Base rate increases must be reflected in the account's interest rate within one calendar month.

* Insurance. Maximum annual charge of 3% with no other charges. Minimum premium no more than £250 a year or £25 a month. Surrender values should reflect the value of underlying assets and should at least return premiums after three years.

Research suggests that around 2.5 million people plan to take out an ISA, which confirms our view that they will soon achieve the popularity of the old style PEPs and TESSAs.

It pays to invest from the start, because if you miss out on your annual maximum investment you will miss out for good. Since the majority of doctors are higher rate taxpayers you stand to benefit from ISAs more than most.

Key points

- * Annual investment limit in 1999-2000 tax year is £7,000, £5,000 thereafter
- * You can invest in stocks and shares, cash and life insurance
- * A maxi ISA will suit people who see ISAs as a replacement for PEPs who want to put their maximum investment in stocks and shares
- * A mini ISA lets you invest with three different providers
- * Medical Sickness is offering simple ISAs with stocks and shares invested in a fund with proven performance.

Vaughn Hartman
Marketing Director
Medical Sickness Society
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financial strength. We think it's a combination

that's hard to beat.

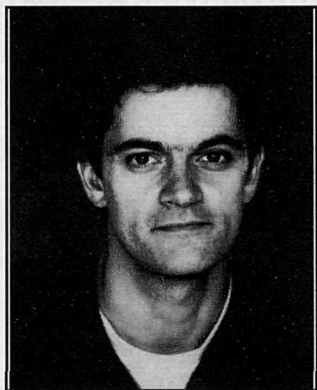
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MEDICAL SICKNESS SOCIETY

PART OF THE WESLEYAN ASSURANCE SOCIETY



In April 1996, the British Medical Association, brilliantly deducing that its members were, at some point in their careers, quite likely to suffer from the effects of stress, decided to something about it. They launched a 24 hour telephone stress counselling service for its 114,000 members.

This confidential service received over 3300 calls in its first year from stressed doctors, medical students, and their families ("Hello, my name's Barbara Gardner and my son, despite all his years of training, refuses to join a GP practice and actually (sniff, sniff) works as an actor").

It continues to be much in demand today. I must admit to using it myself in my work as a GP locum. Whenever I see a particularly stressed out patient, I give them the number and they can get as much counselling they want - and all for the price of a local call.

An additional bonus of this, of course, is that I get a lot less stressed out by this type of patient and so everybody's farting strawberries.

To find out a little more about the service, I decided to give the BMA Stress Line a call. Here's what happened:

[PHONE IS ANSWERED]

Stress Line: [MUFFLED SHOUTING] No, Sally, you listen to me for once in your increasingly insignificant life. It doesn't matter whether I always have brie and avocado - that is irrelevant. What matters is that today - Monday, 10th of May, nineteen ninety-nine, I asked for a roasted Mediterranean vegetable wrap with a Muller Lite yoghurt, and a roasted Mediterranean vegetable wrap with a Muller Lite yoghurt is not what I see



here in front of me is it? IS IT!? [SOUND WHICH IS ALMOST CERTAINLY THAT OF A YOUNG WOMAN SOBBING] No, Dr Bogle.

Tony Gardner: Err, hello?

Dr Bogle: [MUFFLED] Thank you Sally, that will be all. [CLEARER] Yes, hello.

TG: Is that the BMA Stress Line? [PAUSE] Hello? Is that the BMA Stress Line?

Dr B: [CURTLY] Yes, I heard you the first time. [MUFFLED] Dobson on a bike!

TG: Sorry?

Dr B: Who put you through to me?

TG: Well, nobody. I just got straight through to you.

Dr B: Well, you shouldn't have. Who did you want to speak to?

TG: The BMA Stress Line - I thought that was who I was speaking to.

Dr B: Well it's not.

TG: Who are you then?

Dr B: That's not important.

TG: Right [PAUSE] Well can you put me through perhaps?

Dr B: [SPLUTTERING SOUND AS IF A ROASTED MEDITERRA-



NEAN VEGETABLE WRAP WAS BEING SPAT OUT]

TG: Are you alright?

Dr B: Yes yes, I'll be fine.

TG: I was just wondering whether you could put me through?

Dr B: Yes, yes, I thought that's what you said. Look... from the look of it... yes, I would say almost definitely [SOUND OF RING BINDER FILE HITTING WALL, SMASHING A PICTURE] - my secretary's just resigned, and I don't know how to work the phones. Can you call back later?

TG: I'd rather not. I've got a casting for a Norwegian Sanitary Towel Commercial this afternoon and...

Dr B: Right! OK! I'll do it [MUTTERING]..... not like I haven't got anything else to do... I'm the bloody Chairman for chuff's sake..... very important organisation..... 114,000 members..... doesn't run itself...

[SERIES OF CLICKS]

Dr B: Hello?

TG: Hello?

Dr B: Arse! [MORE CLICKS]

GAIL: Hello, this is the BMA 24 Hour Crisis Intervention Line, my name's Gail, how may I intervene?

TG: Oh hello. Is that the BMA Stress Line?



GAIL: No it's not, it's the BMA 24 hour Crisis Intervention Line

TG: Ah yes, of course, you said. And that's not the same thing?

GAIL: No it's not.

TG: Well, perhaps you can help me?

GAIL: Do you have a crisis?

TG: No. I mean, yes! Sort of. I can't get through to the BMA Stress Line, which is a sort of mini-crisis I suppose, isn't it?

GAIL: Are you stressed?

TG: I must admit things are just starting to get a little on top of me now.

GAIL: You need the BMA Stress Line - I'll put you through.

TG: No ! Wait - it was a joke !

DR BOGLE: Hello? [SOUND OF YOGHURT POT TOP BEING RIPPED OFF AND YOGHURT GLOOPING ONTO "I'M THE CHAIRMAN OF THE BMA" SILK TIE] Oh Bottomley's Teeth!

TG: Oh, it's you again.

DR B: Look, I've told you: I can't work the phones - call back later.

TG: Actually, before you cut me off, can I ask if you're Dr Ian Bogle, the President of the BMA?

DR B: Chairman



TG: Chairman, sorry.

DR B: ... No, I'm not

TG: Are you sure?

DR B: Yes. Are you a journalist?

TG: Certainly not. I write for the *Guy's Gazette*.

DR B: Oh yes [SHUSSHING SOUND, AS IF YOGHURT IS BEING SUCKED OFF OF A SILK TIE]

TG: I'm trying to phone the 24 Hour Telephone Counselling Service that you run.

DR B: No I don't!

TG: No, that the BMA runs.

DR B: Oh, do we? Yes, that's right, we do. Why? Are you stressed?

TG: A bit on edge, yes.

DR B: Tell me about it. Look, I expect they're on their lunch break, why don't you try phoning back later?

TG: They can't be on their lunch break - it's a 24 hour service.

DR B: Hey, they've got to eat. Look, I've got to go. [CLICK]

[REDIALLING]



ANSWERPHONE: Hello, you have reached the BMA 24 Hour Counselling Service. I'm afraid all of our Counsellors are busy at the moment. Well, I say all of them, we're a bit short today because Michael and Christine are off sick. Michael's having "one of his weeks" and Christine's just plain old run down. Nothing too serious, but it does mean that we might take a while to answer your call. All puts added pressure on the rest of us, of course, but as long as we all try and anticipate the problems and support each other, we'll stay strong. Oh, just a quick reminder - this service is only available to BMA members, so if you're not a member I would pop the phone down now, because a direct refusal often offends. [MUSIC: The Smiths: Heaven Knows I'm Miserable Now]

The BMA's 24 hour telephone stress counselling service number is 0645 200 169, and they do a fine job. Of course, it would be much better to treat doctors in such a way that they didn't get so stressed in the first place, but that's not going to happen is it?

Tony Gardner May 1999



A Student at Guy's

Recollections of the Thirties

THE CLINICAL YEARS

THE PRELIMINARY CLINICAL PERIOD

Second M.B. was taken in March and then clinical work began. After Easter, we started the pre-clinical class. Later, this moved to the big new classroom at the top of the out-patient department; in my time, it was still held in a semi-basement classroom in the School. Dr Boland was our tutor. We began by examining each other, faithfully recording the pulse rates and blood pressures of our contemporaries, measuring the exact number of inches the apex beat might lie from the median line, the response of the tendon reflexes, the visual fields and all the other essentials of a clinical examination.

After a week or so, the subjects were actual patients. These were professionals. There were plenty of young women attending out patients with mitral stenosis and other varieties of chronic heart disease, or with pulmonary tuberculosis. There were old men with tabes and middle-aged ones with muscular dystrophy, or syringomyelia. For half-a-crown a time, they would submit themselves to the students who learned how to write a ward clerk's report and to examine a patient. Those who are interested should study the ward clerks' reports of those days which were meticulously prepared and then looked over by the registrar before the formal round of the physician or surgeon. There was no question of C.N.S. and a tick. A severe registrar might even tear up a report if it failed to come up to scratch. The ward clerk's report was the definitive record of the patient's stay in hospital. In it were recorded the opinions of the physician or surgeon given on his round, details of an operation and day to day comments on the patient's progress. Eventually, with the registrar's summary on the front,



they were indexed, bound and preserved for posterity.

Towards the end of the course we were sent in twos or threes to examine selected patients in the wards. These patients did not get half-a-crown, but they were usually glad to see someone to whom they could talk and gain a little relief from the tedium of the bed. We also had demonstrations in the special examinations. An ear, nose and throat surgeon taught us how to examine the ears and throat; a dermatologist, the skin. All these demonstrations were given by a member of the staff; the admirable principle that the teaching of elementary medicine is too important to rest in the hands of juniors was strictly observed.

SURGICAL WARD CLERK

It must be admitted that during the last month of the trimester, adequately equipped to examine a patient and write clinical notes, we began to find the classes tedious and waited for the day when we were to be allotted to one or other of the four surgical firms. There were twenty-four of us in the class, so there were six clerks to each firm. This followed from an admission of something less than a hundred students a year to the first and second M.B. course at Guy's. The places of those who fell by the wayside were taken by the smaller number of Oxford and Cambridge men who, reading for degrees at their respective universities, elected to do their clinical studies at Guy's. There were no undergraduate studies in clinical medicine at these universities.

The duties, of the surgical ward clerks were many. The clerk wrote the notes; the surgical registrar went round every morning, heard the report, read and corrected it. He also taught the elements of the craft - all about Nelaton's line, the symptoms and signs of acute appendicitis, and how to distinguish between benign and malignant lumps in the breast. Twice a week, in the afternoons, the surgeon would go round. The registrar took no part in this. The clerk would read the history and be tested on what he had found at his examination of the patient. The house surgeon would add his



comments. The surgeon would say what should be done and the clerk subsequently entered this opinion in the notes.

It was the ward clerk's duty to look after the patient on the day of his operation. He would tell the patient what was to be done; the ward clerk was the patient's own doctor. It was he who took the patient to the anaesthetic room adjoining the theatre. He found a trolley and, with the help of the nurses, lifted the patient on to it, pushed the trolley to the lift and took the patient up to the third floor of the surgical block in Guy's House. He would lift the anaesthetized patient on to the table and then, gowned and masked, attend in the theatre. When the operation was over, it was his task to lift the patient back on the trolley and take him back to the ward - taking care to keep the chin well forward and with tongue forceps handy - and see him safely back to his bed and the charge of the nurses. I do not think it can be exaggerated how important it was for the clinical student to be associated so closely with his patient throughout the patient's stay in hospital. The student was the person whom the patient knew best and who delighted in being addressed as "doctor".

In my day, there were four full surgeons - Turner, Rowlands, Hughes and Fagge. Turner and Rowlands were well known for their authorship of the standard book on operative surgery, "Rowland and Turner", which was, I believe, based on an earlier Guy's book by Jacobson. Rowlands was an egregious man. A Welshman, he and his brother had come to London to study medicine and to make their fortunes. It was said that, during their student days, they played Box and Cox, one looking after the farm in Wales while the other spent three months in London. Then they changed places. Bobbie never lost his Welsh accent, nor his Welsh charm. He was successful in private practice, always arrived in a grey morning coat and a Rolls Royce, and he had a fine country house at Ewhurst. Joey Hughes was a marvellous and humorous teacher, taking infinite pains with a clumsy dresser, addressing him most politely as "Mr Oxonian", or some such epithet. I was on with Fagge, the son of a great Guy's physician whose mother was John Hilton's sister. Fagge, given to long silences, was



uncommunicative, but we did not realize, when we were perhaps too critical, that he was already a sick man.

The surgical firm was constituted in the following way. At the head was the Surgeon. He had an Assistant Surgeon, who only became a full surgeon on the death or retirement of a senior. Thus Davies-Colley, one of the most distinguished surgeons of my day, only got his firm when, I believe, he was nearly sixty. The surgeon had nearly all the firm's beds which were filled from the out-patient waiting list, or with patients acutely ill admitted on "take-in". The assistant surgeon had only four or five beds into which he could admit patients whom he had seen in private, but who were of too small means to allow admission to a nursing home. Only the assistant surgeon sat at out-patients; the same rule applied to the physicians. Then there was the Registrar. The surgical registrars always wore black jackets and waistcoats, striped trousers and a black Homburg or a bowler hat. The registrar was the servant of the School not of the Hospital, except during take-in week when he became Resident Surgical Officer. His first duty was to teach, which he did on five mornings a week. He also sat at outpatients. My first surgical registrar was Brock, a severe master and the best teacher of elementary surgical principles it would be possible to imagine. The House Surgeon was responsible for the general day to day care of the patients. The registrar took no part in the general running of the wards, nor did he offer his opinion. The relationship between surgeon and house surgeon was therefore intimate. In difficulties, it was the duty of the H.S. to consult his chief without the intermediary of the registrar. This put a valued burden on the H.S. who had to make up his own mind and make his own decisions. The assistant surgeon had the services of the assistant house surgeon. The house surgeons and house physicians were highly selected. Of an entry of a hundred students a year, only sixteen could expect to become full house-officers on a general medical or surgical firm at Guy's.

Each firm did a take-in week in rotation, every fourth week. The firm was on duty throughout the week and admitted into their own beds - previously cleared as far as was possible - all the acute surgical patients who presented

at out-patients, or in the Front Surgery - that is, the casualty department. Sometimes they had to borrow beds from other firms. Admissions from their own waiting lists were suspended for the week. Two ward clerks were appointed to the take-in team and they were provided with two austere unheated rooms in the College, but nothing to eat. There was an iron bedstead, or a curious couch-like contraption which was strapped to the wall in day time, a hard chair and a broken easy chair and a worn drugget on the floor. Not that one went to bed very much, but it was heaven.

The most exciting part for the take-in surgical ward clerk was from tea-time onwards. On the floor above the Front Surgery (now the entrance to outpatients), up a winding stair above what is now the Lloyd Clinic, was the Dressers' Room. This was a long gloomy room with aged green walls enlivened by some well known coloured prints from the Paris medical schools. These depicted the viva of a spotty student before stove-hatted examiners, and caricatures of well known teachers shown as pathological specimina in bottles. A curious end exotic touch.* It was furnished with a long table which ran the length of a couch beside the wall, chairs, gas rings, kettles, frying pans, knives, forks and plates, and a huge gallon-size three-handled beer tankard.

Towards the end of the afternoon operating session, the take-in clerks were told by the H.S. to get tea ready. Later, the whole surgical firm would come over and sit down in the dressers' room to bread and butter, dishes of pilchards in tomato sauce and strong tea. The house surgeon sat at the head of the table, the surgeon on his right and the registrar on his left. The traditional menu was unvarying, as was the hieratic seating. I suppose twenty must have sat down to tea. Afterwards, back to the wards. The surgeon of the week departed, escorted to the Front Lodge and his car by the house surgeon. The head porter, in brown livery piped with red, would touch his gold-banded top-hat - as he did at every entry or departure of a member of the staff, and even sometimes for registrars.

At six o'clock the assistant surgeon was in charge and on call. Usually, in



one week, between 50 and 70 acute surgical cases were admitted. I suppose that the number of traumatic cases has not much diminished, but the rest - strangulated hernias, appendicitis and the like - were perhaps more numerous than to-day because there were not the many peripheral and district hospitals to which they now can be admitted. When an acute case was seen in the Surgery, which the Out-patient officer (or the A.H.S. in the evenings and at night) thought should be admitted, he called the H.S. who came with the take-in clerks in attendance. If he could not find a bed for a patient needing admission, the patient was sent on to an L.C.C. hospital in the vicinity - Lambeth, or St Olave's - where admission was obligatory.

After dinner there was more work. The Assistant Surgeon was on call, but usually he did not come down unless there were cases of unusual difficulty. At about nine, the house surgeon would telephone him to say what was in. If the surgeon thought fit, he would tell the house surgeon to ask Mr (the registrar, or R.S.O.) to carry on. However, at least twice a week, the assistant surgeon would come down to supper which took place, at ten o'clock or so, in the dressers' room. The supper, like the tea, was prepared by the ward-clerks, but paid for by the junior dressers. I remember my scot amounted to thirteen pounds which was a considerable sum of money in those days. But after that, one ate free as senior dresser, house officer, registrar and surgeon. Fried bacon and sausages, with baked beans heated in the steam sterilizers downstairs in the surgery, formed the basic - indeed, the only menu. Beer was served, never in glasses, but in the great tankard which went the round of the table.

If there were any police downstairs, they were invited to the dressers' room for a drink, as they were in the daytime also. I believe this excellent custom was a contributory factor in the great row with St Thomas's in 1825. Their casualty department was across St Thomas's Street and our Front Surgery was in the front quad just opposite the present porter's lodge. Hence its name, which it kept when it was moved to the back of the hospital when the new out-patient block had been built. As the St Thomas's students did not provide refreshment, more of the police hand-carts were wheeled into Guy's

than into the establishment across the road. It is almost inconceivable that this happy arrangement, by which constables were given refreshment, should have been brought to an end when an unimaginative Commissioner of Police for the Metropolis requested the Superintendent to ensure that his officers were not offered alcoholic beverages while on duty.

After supper, the ward clerks had their first introduction to surgery, first hand. At about 11 o'clock the take-in ward clerks, the registrar and the A. H. S. went up to Pat and Sam. These two wards - Patience and Samaritan - were under the eaves in Old Guy's House, occupying that part of the East Wing which gives on to the Park. Beyond Pat and Sam a sturdy green-painted door led to Charity, or the strong room, where mad or recalcitrant patients could be kept while awaiting their transfer to a more suitable institution. In Pat and Sam, all the septic cases which had accumulated during the day were awaiting their nocturnal relief. It was the ward clerk who operated, using the knife and relieving laudable pus with Hilton's forceps and Symes' procedure - or was it Hilton's procedure with Symes' forceps? There were ripe breast abscesses and carbuncles awaiting incision. The anaesthetic was given by the A. H. S. , using an ancient gas machine called Ermintrude, which produced some degree of anaesthesia and a good deal of asphyxia, in the minute theatre.

This account of the duties of the surgical ward clerk would be incomplete without some description of the Front Surgery. The central hall was what is now the entrance to Out Patients at the end of Great Maze Pond. There were wooden benches for the patients to wait. The corridor to the left, later taken over by the Lloyd Clinic, had a number of small rooms for the examination and treatment of male patients, while on the other side (where now tea and cakes are dispensed and the ambulance drivers wait) was accommodation for women. There was also a room for babies and infants. These last were the only patients not seen in the first instance, at the least, by a student. The surgery was presided over by Sister Front Surgery - all the sisters were named after their ffefs. Thus, the ward sisters were called Sister Mary, Sister Lazarus and so on. There was even a Sister Kitchens. Among



themselves, they addressed each other by their surnames - as we did each other. It was only among ones most intimate friends that Christian names were used. We rarely even knew what they were. Sister Front Surgery was a striking Welsh woman with beautiful white hair and deep brown eyes. She was very wise and guided us, and ruled the roost in no uncertain way. All of us, students and house officers and sometimes even registrars, learned a great deal from these experienced kindly sisters who had spent the greater part of their working lives in the hospital, who were always there when needed and did not count the hours.

The shuffling elderly front surgery porter with walrus moustache was called Mayhew. The V.D. Clinic was situated where the dispensary is situated now and reached by crossing the vast out-patient hall, now divided. It was Mayhew who would direct the inarticulate young man to his mercury, bismuth and arsenic with the words "It's just across the 'all, Sir, just across the 'all" - words immortalized in a song in the Residents' Play, of which this was the refrain.

At night, the surgery was very busy - babies, men just off from work, children with rashes and contusions; later on, drunks, knife wounds from the gangs at the "Elephant", and bleeding from tooth-sockets, often following extractions at St Thomas's during the day. They were all waiting for the dressers and for the A.H.S. who was on duty there from six in the evening until nine in the morning when the out-patient officers arrived.

W.N.Mann

*These had been presented by Dr E.H. Koerner, who had brought them from Paris. He must have been the only Guy's man to have served in the Foreign Legion. He was my senior when I became a bacteriologist.

Millennium fever

Nurses and midwives are gearing themselves up to face the end of the century, the end of the second Millennium. I don't know if any of my readers have heard of this event elsewhere, it does seem to have had a certain amount of publicity, so maybe I am not the first person to break the news!

There are all sorts of crises threatened, and indeed a great deal of concern about how the situation will be coped with during the last days of December this year and the first days of January in the year 2000. I don't know whether the Gazette's own computer will cope - maybe we'll find the first issue in 2000 is a reissue of the January 1900 edition. Unlike a lot of journals we have been going that long, and doubtless the editor has plans to look back over the past century.

But amongst the more serious concerns for health professionals is the ability to be able to deal with illness, birth, and death around that time. Already there are calls for highly enhanced rates of pay for those who will give up the dubious pleasures of partying, eating and

drinking to excess during the 36 hours pubs will be allowed to stay open. In our nearby hospital at Greenwich there are contingency plans laid for the extra demand they anticipate. The Dome itself, which can be closely inspected now when you ride on the 108 bus between Lewisham and Stratford, is right on the doorstep for Greenwich. But our own hospital is not so very far away.

I know the family planning services have their plans ready for the expected call for extra emergency contraception, and all routine work for the period has either been cancelled or drastically scaled down.

I know all the excitement relates to a simple change on the calendar. But it all revolves around considerable inaccuracy about dates, and since it all relates to the Christian calendar's inaccuracies, what about others who belong to quite different faiths? For Jews, Muslims, Hindus, Sikhs, and other faiths, the date has no religious significance. Even Christians have got the dates wrong: The birth date of Christ must have been before 4BC, the year when Herod died. You might remember Herod ordered the death of baby



boys when it was rumoured a 'messiah' had been born. Also, if December 25th is Christ's birthday, how come it is being celebrated on January 1st? This is only a short resume of much historical uncertainty that surrounds Christ's birth. But it does mean that 2000 has no significance, even for Christians: it is purely fun for those with a penchant for numerology.

However, none of this affects the fact that a great many people will get into problems around the end of the year.

Nurses will find their workload stretched, midwives will find a lot of additional births, if predictions concerning those wanting a baby to born about this time come true. Preparations for a fraught emotional time are going ahead.

I would like to think that nurses and others did not get greedy about pecuniary reward, and took the occasion in their stride, just as they would any other emergency. If nurses let the public down what of their image for the future?

I note, in February, a survey revealed that from a range of professional occupations, only nurses had increased in esteem. Respect for

nurses rose from 41% in childhood, to 47% amongst adults. So we had better be on our guard, or we will suffer the fate of doctors, police, clergy and others, who all lost ground in level of respect they were afforded between children and adults.

The Millennium is a fiction. Go to bed early on December 31st, wake up without a hangover on January 1st, and you won't know its happened. Isn't that sensible advice except for nurses who are called upon to work? That way you can avoid the 'bug' and the fever won't infect you. The public might just respect you if you can: 'carry on nurse'.

Denis Cobell



Radiology for the MRCP Pastest Publications

Radiological investigations are playing an ever more important role in the management of patients on medical wards. This is reflected by the greater emphasis given to Radiology in the slide section of the written paper of the examination. Hence, a book dedicated to this section of the examination is essential for any MRCP candidate. (The only other book I have seen that performs the same function is "X ray interpretation for the MRCP " by Hind).

This book by Howling and Jenkins contains 101 selected Radiological plates. The photographs are generally of good quality and are accompanied by a stem which is very similar in nature to the kind of stems that appear with the questions in the exam. Each case is also supplemented with a detailed explanation of the answer and other relevant material. For those readers who are not interested in the explanation, the answer is highlighted in Bold.

As well as several examples of plain films, IVU and Barium examinations, there is an interesting array of angiograms, ERCP's, CT and MR examinations. This reflects the increasing prevalence of some of these imaging modalities in the MRCP examination.

Perhaps the most useful part of the book is the preliminary chapter entitled " Guidance on how to interpret the different types af imaging modality."

In summary, I think this book is an excellent buy, is slightly better value for money than Hind (which itself is a great book) and I would thoroughly recommend it to any MRCP candidate.

Sarah Howling

Clinical and Resusitative Data

R Dunnill, P Colvin

This pleasant looking and handy sized 200 p. book provides a wealth of information on general medicine, and anesthesia in relation to acutely ill patients. On first inspection one is



GAZETTE REVIEWS

May - June 1999

almost overwhelmed by pages of tables with a minimum of text. On closer examination the contents are sensibly divided into subject areas such as anaesthesia and hematology, each supported by a succinct introduction, easily read, highly informative tables and simple algorithms. The chapters on hematology, and resuscitation in adults (dealing with cardiac arrest and the management of acute trauma) were to my mind the most useful. Many of the other chapters carry much detailed information which is diffi-

cult to find in a single volume, nicely condensed and well presented.

In summary, much of the material contained within this book is probably in excess of that required by most house officers, but for those working in the acute hospital environment or those studying for higher qualifications this may provide a useful reference tool, although it is not designed to replace standard medical texts.

NM Goodger

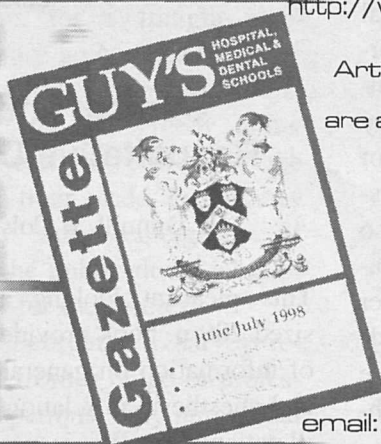
Gazette Online

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email: guys-gazette@umds.ac.uk





Surgery at a Glance

Pierce A. Grace & Neil R. Borley
Blackwell Science Ltd.

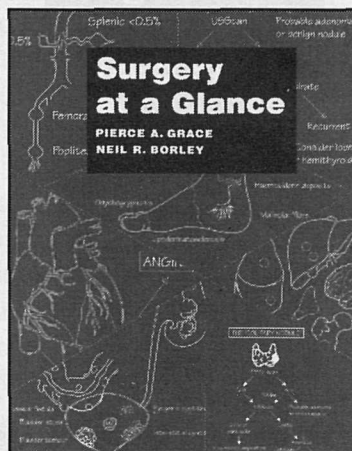
The “At A Glance” series from Blackwall Science is famous for its easy accessibility, clear and comprehensive presentation of core information in text and diagrams for revision purposes.

However the idea of tackling a subject as large as general surgery in this way is daunting thought. This is what the authors have attempted in what is the second clinical book in the series. The book is divided into two sections - clinical presentations at a glance and surgical diseases at a glance.

This first section is a very useful guide especially when thinking about clerking patients on the ward, in clinical exams, or as part of long case examinations. It correlates well with our new style of teaching in symposia, which cover topics on the basis of clinical presentation. It provides a good diagrammatically orientated way of remembering differential diagnoses and appropriate investigations.

The second section covers surgical disease and management and is

very concise although referral to a bigger book is probably advisable. The diagrams are clear and act as good mind maps for surgical information.

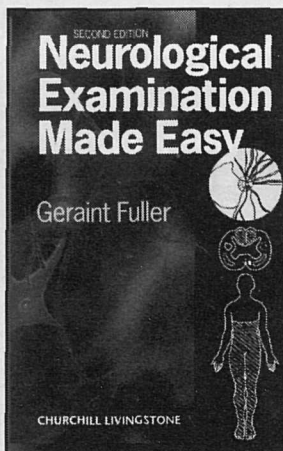


Unlike some of the other At a Glance editions, students trying to cram for exams must realise that this book may not provide sufficient knowledge for surgical exams. This book is clearly intended as a comprehensive revision guide or introduction to general surgery, to make sure you possess the broad range of knowledge necessary to pass surgical finals. In this respect it is very competent. As a companion to a larger text, it can be warmly recommended.

Jason O'Neale Roach



Neurological Examination made Easy



This is quite simply the book I wish I had had during my neurology firm. Sometimes general texts on examination can leave you slightly confused about certain aspects of the neurological examination. Obviously as a specialist text, this book dedicates itself to clear explanation, littered with very helpful diagrams to aid you. It begins with very useful chapters on history and examination, gait, mental state and higher function testing, and speech.

The book also has chapters on each individual cranial nerve examination, and each aspect of the periph-

eral examination. This is where this book really excels with diagrams which illustrate particular techniques in a way which can be reliably replicated. The author is the first to point out there is no standard way to perform the neurological examination, and the art is developing your system and techniques from the basics. However if you want to know how the important details of how to do part of the neurological exam practically as well as theoretically, this is the best thing I have seen to prepare you for the wards.

Final chapters on the autonomic nervous system, the unconscious patient, abnormal movements, and special signs are also very useful. There is more than enough information in this book to carry you through house officer years and onto specialist neurology rotations. This should not however put off undergraduate students, as the level of clarity and explanation of the basic techniques concerning neurological examination are second to none.

Jason O'Neale Roach



Robert Drummond F.R.C.Path.

Robert Drummond died in a Cardiff nursing home on December 12th 1998 aged 90. He was born in Bethlehem, Orange Free State, South Africa. From an early age he developed an intense interest in natural history and, via his mother, a knowledge of garden flowers and fruit trees. On a local farm he kept beehives. A retentive memory served him well in medicine later on.

At Grey College, Bloemfontein, he became a good rugger player but sustained an ankle injury which added to his mobility problems in his eighties. He studied medicine at the University of Capetown but after two years moved to Guys where he qualified in 1933. He was housesurgeon to Lancelot Bromley and following this to Trethowan and Lambrinudi - both pioneering and outstanding orthopaedic surgeons. Drummond became interested in this branch of surgery but eventually decided to take up pathology and joined this department at the Cardiff Medical School. He

enjoyed this and soon became a good general pathologist.

In the preparations for the second world war he established a transfusion service far most of Wales. With his hitherto hidden administrative expertise he soon built up a very efficient unit from nothing.

Sometime after 1948 the transfusion service had outgrown its premises in the old infirmary and had to be enlarged. Drummond then was involved in the building of a new centre in the countryside at Rhyd Lafar, some miles outside Cardiff.

He played rugby for Guys and took part in many successful cup ties against Bart's. On moving to Wales he played for Cardiff. Later on he enjoyed fishing and walking in the Black Mountains. He travelled widely and until he retired kept bees in the grounds of the transfusion service at Rhyd Lafar.

Robert's stern appearance hid a very kind and thoughtful person with many friends. In his retirement he lived on his own and enjoyed his garden. In his eighties arthritic hips and one arthritic ankle restricted his activities. At this stage he refused to



have any domestic help and was unwilling to have his hips replaced. Eventually he had to move into a nursing home.

His sole near relative is his sister, Ellen, who lives in South Africa.

FR Kilpatrick

Sycamore

On May 8 1999, in his beloved home at Brightlingsea, Essex, Edward McKim (Ted), FDS 1957, MRCS, LRCP 1952, LMSSA 1953, dearest husband of Lesley, will be sorely missed by his many dental and medical colleagues.

R E Feaver LDS



Rugby

GUY'S AND ST. THOMAS"

V

OLD REIGATIANS BOULGER
CUP MATCH 1999

17TH APRIL 1999 - HONOR

OAK PARK WON 27-0

The playing conditions were perfect for this 7~' Playing of The Alex Boulger Memorial Match and Cup. The match is played in remembrance of Alex Boulger, who was a dental student at Guy's and an "old boy" of Reigate School, and a member of Old Reigatians. He was one of two students killed in a minibus accident on the way to a social match at Bath, the other student being James Hawker, for whom the Club has two debentures at Twickenham.

The Hospital side set off at a cracking pace and were clearly intent on showing their skills. They did so in patches in the first half, and tries were scored by Morgan, after a terrific rolling maul and then a fierce scrummage on the opposition line. The next two tries were scored by Ekeowa after some excel-

lent work in the backs, and the half time score was 15-0.

The second half followed much of the same pattern with the Guy's/St. Thomas" side dominating possession. There was perhaps too much reliance on the short ball popped up around the fringes of loose mauls, but coach Steve Farr must have been pleased by the way the forwards dominated in the tight, taking several balls against the head, and in the line-out where Thorpe and Wood, with able support from Schofeld, dominated. The fourth try was a "cracker" where fly half Nick Gibbons deceived the Old Reigatians' defence and sped over for a try which he converted.

The last quarter of the game was rather disappointing, with two tiring sides making rather too many mistakes, but with Old Reigatians having much more of the ball.

The final flourish, however, was Guy's, when in changing weather and now some drizzle, the ball finally went along the line for Vaughton to score.



Team Stacey J, Edmondson M, Solicardes G, Thorpe B, Schofield B, Wood B, Llewellyn W, Lamsden S, Morgan P, Gibbins N, Adejuwoiu A, Vaughton A, Behn E, Ekeowa U, Nichols E.

Replacements:

Costello J - 15 mins, Baladasaran D - 45 mins, Hostert L - 40 mins.

Scorers:

Tries: Morgan, Ekeowa (2), Gibbins, Vaughton.

Conversion: Gibbins

SJC

Thoughts on the season

Overall the Boulger Cup was a good match and a fine end to the competitive season. The organisation of coach Steve Farr was apparent, and the Hospital side plays with a confidence in their own abilities which belies their appearance. With a little more sparkle and variation in the back division, they could be a very good team indeed. Even so they remain unbeaten in Kent League 1, though missing out on the single promotion place by points difference, reaching the finals of the Hospitals' Cup at first and second 15 level, as well as the ladies, and reaching the final of the Gutteridge Cup. Earlier in the season they won the United Hospitals' 7's Competition, and this along with the Boulger Cup, constitutes the silverware for the season, which has been very successful for the Club, even though missing out narrowly in the other areas of activity.

In the front row John Stacey and a slimline Richard Clinton provided solid play and support for Mark Edmondson at hooker, whose driv-

ing runs had been a feature of his play. Until his major injury, Dai Woodsford was outstanding, and it was a shame for him to miss the second half of the season. Baladasaran deputised with great effect. In the second row Ben Thorpe, as Captain, has had an outstanding and inspiring season. He has absolutely ruled the line-out and his great pace around the pitch allows him to contribute fully to the loose play. Beside him Barney Schofield has had a good season, particularly in the second half, and his game had matured to enable him to give a fine all-round performance. Although not always a regular, his contribution has been of immense value to the side. Ben Challacombe, playing in the second row or in the back row, also made a tremendous impact on the team play, particularly in the loose, until the injuries which unfortunately kept him out of the Hospitals' Cup Final. His driving runs were particularly effective when he was playing in tandem in the back row with Pete Davis. Davis' contributions had been terrific and on his day he is a very fine player indeed, particularly in the loose, and no member of the oppo-

sition can relax while he is around.

Ben Wood played solidly throughout the season and his line-out play was excellent. Like Ben Thorpe, he was very fast around the field, which enabled him to contribute fully to support play and be in the right positions for scoring on several occasions. Perhaps the most improved player of the season was Guy Wandsborough, who showed terrific commitment to an outstanding team defence, but who probably put in more tackles than anyone else in the side.

Ed Bario made various guest appearances during the season, but played with great panache and was almost single-handedly responsible for the win over Old Brockleians. Simon Lambden made an immediate impact on the side and justifiably won the Lewis Cup for the best newcomer.

Injuries disrupted the scrum half position. In the first half of the season Steve Morgan played excellent rugby and his long pass enabled the fly-half Neil Davies to show his skills to the full. Peter Morgan



played most of the second half of the season and was the outstanding player in many matches with his darting runs from the base of the scrum and from penalties, keeping the opposition guessing. He has been a very valuable member of the squad. Neil Davies has always made the fly-half position his own, and this position became difficult to fill in his absence. He is a delightful player to watch, always seeming to have plenty of time, and his "good hands" enable every pass from the scrum half to look good. The outstanding back though once again was Ugo Ekeowa, who provides such pace on the wing as to frighten the opposition and always make it worthwhile getting the ball his way. He rarely failed to score in any of the matches that he played, and he has been a popular and invaluable member of the team. On the other wing, Vaughton came into the side in the absence of Etoch or Addy

and played so well as to put their places under pressure. In the centre Alistair Bunting played solidly throughout the season, particularly in defence. Eddie Behn is a fine all-round footballer and certainly made his impact on the game, whether playing at full-back or centre, whilst Harvey at full-back has a deceptively efficient style of play and added his pace to the back line with good effect. Ted Valzeboeur played the majority of games during the season and formed a useful partnership with Alistair Bunting. Ed Nichols played less games, but his size and pace marked him out as a fine attacking player.

Perhaps the player of the season has actually been Captain Ben Thorpe, who in addition to handling all the administration which falls on current Captains without complaint, has also played outstanding rugby throughout the season.

S.J.C.



Guy's Hospital

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GUY'S

HOSPITAL,
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Gazette



July 1999

- Soho Bomb Story
- Walk Like A Man . . .
- Career Plans



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GUY'S *Gazette*

July 1999

Volume 112 Number 2482 ISSN 0017-5870

194 Passim

196 Letters

Joe Dawes thanks, Alphabet Soup, An ode to the NHS

200 News

Soho Bomb Story, GM Foods, President elect speaks, Clinical skills centre

207 Looking Glass

Walk Like a Man. . .

209 Research Front

Motivation for medicine & career plans

212 Weakending

215 Features

Never Clever
Recollections of the thirties

229 Nursing Notes

231 Reviews

Dunn's Principles and Practice of Surgery, Paediatrics, How the Immune system works

234 Sport

Water Polo, Rugby

239 Obituaries

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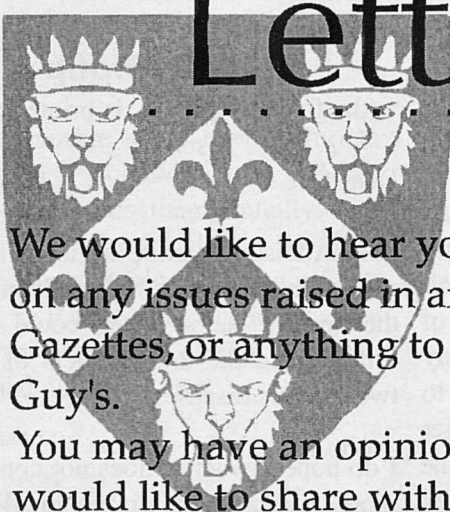
Passim

With the speed at which computer technology has advanced, the promise of computerised medical and dental records available at the patient bedside / dental chair at the touch of a button is not far away. The advent of all this new technology is exciting, but an important question seems to have been overlooked. Who is going to know how to operate it? I know many friends who are still struggling with word processing at Medical school. I should add that I do not believe this to be a particularly bad reflection on my friends. How will they cope with the new digital age? Perhaps the key will be more user-friendly interfaces and no doubt these are being designed as I write.

However, all too often hospital systems seem to be installed and left for users to either sink or swim. Recently in the BMJ, the problems of electronic records and patient privacy were flagged up (see page 199). My experience with hospital administration, albeit somewhat limited, is that a large amount of hospital data is handled by temporary staff. Trusts seem to insist on employing temporary staff to cut costs, rather than filling vacancies. In this event, one wonders how many people will slip through whatever control network is in place, and either be ill-equipped to cope with the individual nuances of specialised hospital systems or simply unable to access the information they need due to password protection. The future looks bright, but will we be able to use it?

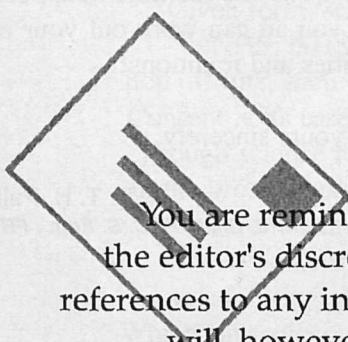
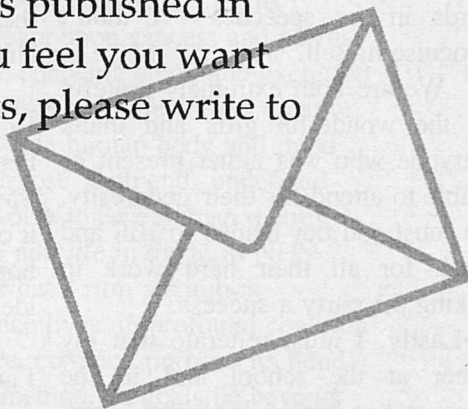
Jason O'Neale Roach

Letters



We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.



You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



Thanks Very Much

Dear Sir,

After the retirement party organised for my wife and myself in the museum on 30th April, I must thank all who managed to turn up in spite of the fact that it was a bank holiday weekend. It was very gratifying to see so many friends there and I regret if I was unable to speak to everyone personally. I was overwhelmed by the kind words spoken by the Vice-Principal, the Curator and Bill Edwards in the speeches - I didn't recognise myself.

We are both extremely grateful for the wonderful gifts and thank everyone who was either present or unable to attend for their generosity. We must add our thanks to Bill and Sarah for all their hard work in making the party a success.

Lastly, I must reiterate that my career at the school and in the museum has been a long and happy one and I am pleased that the museum is in the capable hands of Bill Edwards and all the present staff.

Yours faithfully,

Joe and Jean Daws

Alphabet Soup

(the following letter is printed as sent)

Dear Sir,

poor Addison must be turning in his grave. Even nearing the Millennium the feature item writer could not differentiate the known facts of his two famous diseases!

I do hope this letter does not contain more spelling and grammatical errors to add to those that appeared in the last Gazette. Is this a function of the "progressive" primary school changes inflicted in recent decades?

How about a vacation from "alphabet soup"? E.g., KCL, KCLSU, SMEC, GKT, etc. It is fun figuring it out if one has the time I suppose. I hope you all can work out your new identities and traditions!

I am yours sincerely,

D. T. H. Paine

F. A. C. S. , F. R. C. S. Eng. , FRCS.



Editors Reply

The Gazette makes every effort to minimise abbreviations, and always appends them initially with their full titles for clarity. We offer our utmost apologies to you if you did not find this sufficient. We strive to ensure clarity is maintained above all else.

Poet Hunt

Our monthly quest for poetry has had a superb response. We aim to print the best offerings here every month. Please keep sending your letters and poetry in.

Editor

NHS, a Rum Institution

It's not easy to write in poetical terms
Of a service which bears upon cancers and germs
Which lingers in lungs, concerns blood and excretion
Yet touches on things like birth, death and creation
What else stands astride human body and mind
Transcendent in purpose, with ends undefined
But informed by resolve to ease human distress
Given form, state and life in the term NHS
NHS, NHS, what a rum institution
Chop off bits, each piece lives, in profound coalition
Consent is its essence, common purpose its bond
Though science its method, its goals lie beyond
In the broadest perspective we must take it to be
An aware human species trying hard to be free
Of threats to survival.
NHS is a call
Which says succour for some is a shield for us all.

Name and Address supplied



VD Rampant

British teenagers have the worst sexual health in western Europe find researchers in this week's BMJ. In addition they have the high-

est pregnancy rate and are more likely to have used illicit drugs says Professor Martin McKee in a linked editorial. These factors, he says are symptomatic of a wider malaise in British adolescents and

he calls upon health professionals to welcome the government's move to address these issues in their entirety rather than tackling them on an individual basis.

New Trust Internet Site

The Guy's and St Thomas' Trust site was launched on the Internet in April and is a very aesthetic and classy site containing information about Guy's and St Thomas' history and objectives, breaking news, events and details of each department within the trust (<http://www.hospital.org.uk/>). The intranet version, available only to computers networked in the Trust, is a private version which has been redesigned again to be pleasing to the eye and easy to navigate and contains various departmental intranet pages. This can be accessed by clicking either the Internet Explorer or Netscape Navigator icons from the computer's desktop.

Bloodless Transplants

In the Lancet this week, Dr Olivier Detry and co-workers, from the University of Liège in Belgium, report how they were able to perform a liver transplan-

tation on a Jehovah's witness without the use of any blood products. Before the operation, the patient was given iron by mouth and erythropoietin, that increases the rate at which red blood cells are made. The researchers used this

therapy to increase the production of red blood cells so that the patient could afford to lose blood during the operation. The blood that the patient lost during surgery was then filtered and put back into his body.



Patient Privacy

The electronic patient record threatens to make private health information open to violation, either by illegitimate users or by inappropriate access by legitimate users, say researchers in this week's BMJ. However, controlled access to confidential patient

information is possible so long as the appropriate access systems are created, say Ian Denley, a computer analyst and Dr Simon Weston Smith from the Conquest Hospital in Hastings. In their paper the authors describe their experiences of how control over the perusal of private information in large scale clinical in-

formation systems is being achieved in three British hospitals in Hastings, Liverpool and Exeter. They show that a clinical system's knowledge of a patient's clinical contacts and of a user's responsibilities can be applied safely to limit access to patients' private information.

Mobiles Kill?

A recent report in the New Scientist by David Concar concludes, despite the hype, there is no evidence that mobiles cause cancer or illness. You can also forget about mobiles "cooking" your brain - a mild bout of exercise will heat your head more than the puny microwaves that the devices emit. In fact, the study fuelling the latest claims about mobile phones scrambling the mind shows nothing of the kind. However, tantalising results do suggest that cellphone emissions have a variety of strange effects on living tissue that can't be reconciled with conventional radiation biology. Only when the questions raised by these experiments are answered will we be able to say for sure what mobiles might be doing to your head. The consensus is: don't panic . . . but watch this space.

NEWS.

London A+E's remain focused in face of tragedy

The Admiral Duncan, a gay pub in the Soho district of London's West End was the scene of the third nail bomb blast in three weeks on the evening of Friday April 30th in which three people perished and over seventy were injured.

The blast occurred indoors unlike the previous two bombs and as a result the injuries sustained were of a far more severe nature. Some of London's busiest Accident and Emergency departments had the task of treating the victims. Patients were taken to University College, St.Thomas', the Royal London, Guy's and Chelsea and Westminster Hospitals.

Each department put into action its major incident protocol within minutes of being informed. The first ambulance was on the scene in minutes. It assessed the situation and called for further ambulances, that transported the more seriously injured to the nearest possible Accident and Emergency departments.

St. Thomas' received twenty four of the victims, of which four were seriously injured. Major incident protocol entails maximising the number of specialist registrars, anaesthetists, nurses, reception and switchboard staff on site. Off-duty staff were called in, and staff on site were diverted from their regular duties. Corridors and wards are cleared of any obstruction. Furthermore, elective surgical procedures were postponed indefinitely to free operating theatres and beds. Triage processes were carefully recalculated with minor injury treatment being delayed or moved elsewhere.

Several consultants arrived at St.Thomas' to offer their services, including those from general, plastic and orthopaedic specialities, which are much needed to treat bomb victims. All casualty bays and operating theatres were in use throughout the night. Operations continued over the weekend involving skin-grafting for burns, limb amputations and removal of shrapnel and glass, that was in some cases lodged in the eyes and abdomens of victims.

Matt Tee, head of Public Relations commented, "The staff were very



shocked at the severity of the injuries and the fact that they were deliberately inflicted makes it harder to deal with." He continued to add, "A+E (staff) showed remarkable professionalism in remaining calm and objective, despite the horrific nature of what they saw. In particular, some of our newly qualified radiographers who had to take radiographs from every patient that came through the door. These young people were exposed to the full array of injuries. It is all the more distressing to see someone brought in when they are fully conscious and so seriously injured".

The first nail bomb attack on April 17th occurred in Brixton in the middle of a busy market, at the heart of London's West Indian community. The second was a week later in Brick Lane in London's East End, an area heavily populated by Bangladeshis. A twenty-two year old man has been charged with murder and three counts of causing explosion.

Nisheeth Rajpal

4th Year clinical student, GKT

President elect speaks!

Since August last year the pages of Guy's Gazette have been dominated by response to the merger. There is no doubt that this is an issue evoking strong feelings and has led to conflict between the College and the student body. Yet, the Student Union has become caught up in the crossfire and I am now placed in the rather unusual position of taking office with all sides waiting to see which direction the union will take.

It is well documented that I have a personal interest in the progression of the merger. Obviously, as Union President, I have an obligation to all students within King's College London to protect their interests and lobby on their behalf. My background is from Strand and Denmark Hill as a pre-clinical dental student, whereas my future lies within Guy's, King's & St. Thomas' (GKT), and the first of the fully merged BDS year groups, based at Guy's Hospital. This, without wanting to tread on the toes of the Vice President for GKT, will certainly intensify my efforts to get things right. Again, an unusual position to



be in, yet useful as I hope I can identify with both groups.

The Student Union (SU) movement was founded to give students a united voice; a collective and determined route by which we could aim to improve facilities and conditions. Therefore, it is now that the student union should be coming into its own, leading the way and working with the College to get things right.

The merger presented the SU with a formidable task. Major changes have been made to both the physical structure and the constitution. New site committees have been put in place as hospital committees – such as those previously seen in UMDS and at Denmark Hill – have been shown to more efficient and to ‘personalise’ the union to a certain extent. The summer will see a period of major physical redevelopment to union premises at Guy’s. £800,000 is being spent on getting facilities ready for September.

However, new bars and buildings are not going to solve problems alone. In a recent edition of the gazette, it was noted that repre-

sentatives of the GKT schools had filled only 23 of 30 places on the Student Representative Council (SRC). The SRC is the only forum where real change and progress can be made. I would, therefore, urge all students to consider getting involved – the elections for this kick-off in October and I will ensure that they are fully advertised. The current sabbatical team has put a lot of effort in ‘behind the scenes’ and this has been complemented well by a mainly supportive SRC and a willingness to progress. There is, however, a lot more work to do and I sincerely hope that I will receive the same help and support.

Within the University of London, merger has become the new buzzword. All of major colleges have embarked upon expansive policies, often leaving students (and academics) ill-informed. And whilst we may still be licking our wounds, it is perhaps worth looking at the other mergers. University College London and Queen Mary and Westfield are both following similar plans, with a slow progression towards eventual integration. Yet, in some respects, this may be less successful as the

uncertainty seen here over the last year is dragged out and prolonged.

Imperial College has had major problems within its SU and failed to elect sabbatical officers, thus damaging the union's position. I truly believe that, compared with the difficulties seen at other colleges, we have made the merger a success. Rightly or wrongly, rapid changes have had to be made on both sides and more are still to come. Change is never easy and never really sought after, but hopefully once all the pieces begin to fall into place, it will be worth the effort.

From September, King's College London Student Union will become a very real and exciting part of the evolving GKT schools. We are starting out in July with a new sabbatical team, a new deputy general manager for the GKT sites and genuine desire to get it right. But a one-way process cannot achieve this.

It is time to grasp the merger, embrace the challenges ahead and collectively concentrate on making

next year a real success – not just for the freshers, but for us all.

Scott Rice
President Elect

King's College London Student Union

Clinical Skills Centre Opens

There was an official presentation of the Chantler clinical skills centre, on 17th May. The centre is situated in Shepherds House, Guy's campus. It comprises seven communication and eleven clinical rooms and is one of the largest centres of this kind in the United Kingdom.

Rooms have been dedicated for specific teaching programs and tutors will be able to book rooms for their students. The centre aims to improve the technical competence and interpersonal skills of students' in the School of Medicine and the Florence Nightingale Division of Nursing and Midwifery.

Room G12 has been set for self directed clinical skills practice. Students can access the room between 9.30am to 4.30pm, Monday to Fri-



day. A variety of models and appropriate equipment allow students to practice the following skills:

Venepuncture & cannulation ,
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Eye examination, Ear examination,
Injection technique, Stoma care
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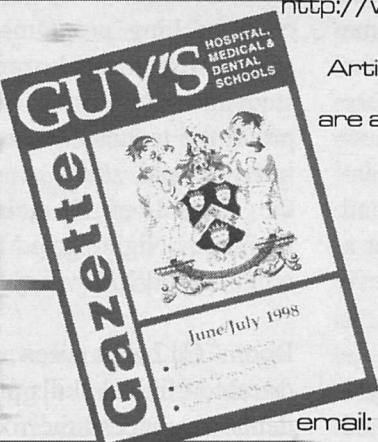
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News Review

Genetically modified foods hype

“The BMA believes that any conclusion about the safety of introducing genetically modified materials into the UK is premature, as there is insufficient evidence to inform the decision making process at present.”

This statement alone has raised the temperature to boiling point in the debate concerning genetically modified (GM) foods, and has been pounced upon by the media, hungry it seems to stir public emotions again.

In the UK to date, four genetically modified food materials have gained full approval and are in commercial use: cheese with modified chymosin, tomato paste from slow softening tomatoes and genetically modified soya and maize. Oilseed rape, starch and oil from maize amongst others have cleared only parts of the very stringent UK approval system. However, there remains an issue concerning the safety of such foods and their environmental impact.

There has been a lot of hype about Dr Arpad Pusztai's research at the Rowett Institute in Aberdeen which reported abnormalities in laboratory rats fed with GM potatoes. However, it seems that these findings were due to the presence of concanavalin A (a lectin and known toxin not suitable for human consumption) and would have produced the same results if this lectin had been added to a non-GM potato. The other issue for concern is the use of antibiotic resistant genes as a marker system for gene uptake. The antibiotic resistant gene could theoretically be transferred to animal gut flora. This might then acquire resistance to a clinically useful antibiotic. However, the risks are considered remote. Although it is claimed that the



antibiotics used as markers are not used for treating diseases, there are two cases where such an antibiotic has been used by agrochemical companies. Novartis developed a maize containing a gene for ampicillin resistance and Avebe developed a potato containing a gene for amikacin resistance. As a consequence both these crops are having difficulty gaining full regulatory approval.

Biotechnology companies, such as Monsanto which commands a large share of the agrochemical business, have admitted not to separating its genetically modified soya from the regular variety and has angered consumer organisations, demanding full labelling on food products. Companies like Monsanto have come under fire from all quarters. Claiming that they want to use recombinant technology to improve food quality and nutritional value maybe somewhat misleading in the face of economic pressure. Farmers who save seeds do not generate financial growth and are major barriers to market expansion. One way round this is by the development of terminator genes in seeds, which render them useless in a years' time, forcing the farmers to buy new seed every year.

For the medical profession, the debate over genetic modification should be clear-cut with the use of human insulin, growth hormone, erythropoietin, hepatitis B vaccine, tissue plasminogen factor and factor VIII being recombinant factors in widespread use. This use is considered as "good genetics", opposed to that in foodstuffs as being "bad genetics".

The public seem to have a grave mistrust of the technology of food production. This was highlighted recently by the BSE outbreak and E.Coli infection in the UK. Although these epidemics, related to food borne infection, have no rational relation to the safety of GM plants, it does demonstrate what can happen when profits are put before people.

Navtej S Chahal
News Editor



Walk like a Man

“Well, this is the way things are going lads!”, my Consultant joked when he saw the women on my firm outnumbering the boys.

He was right. Women now makeup 54% of medical school entrants in the UK. Times have, therefore, certainly changed since 1812 when “James” Barry, a woman, had to disguise herself as a man to be able to train and qualify as a doctor in Edinburgh. Since that time, there has been a steadily increasing proportion of women at medical school.

Nowadays, the factors that influence a woman’s choice of medicine as a career, and her acceptance into medical school are, by and large, the same as for men. These factors have been shown to include academic performance, socio-economic class, race and having medical parents, but gender does not have a major influence at this stage.

However, during undergraduate and postgraduate training, gender

reasserts itself as a major factor influencing progress in medicine. Women are underrepresented at the top levels of the profession; 20% of consultants and 30% of GP principals are women.

During our training, we all go through a process of eliminating rotations we didn’t enjoy, or specialities that are notoriously demanding as possible career paths. This is as true for men as for women. Male and female medics have a growing awareness of their own physical and emotional limitations, and are no longer prepared to forego their right to a good quality of life.

Undoubtedly, family commitments affect career choices that both men and women make. However, the evidence suggests that this is a much bigger factor for women, with many women often taking this into consideration while they are still training. In one survey, 81% of women felt that children were a constraint on their career compared to 30% of men.

Yes, 54% of medical school entrants are women, but with inflexible train-



ing structures still in place in most specialities, this merely means that women are getting their foot in the door but having to work much harder than men to get it open. With the recognition of women as intellectual equals to men, has come the expectation that we should sacrifice family for career, and personal fulfilment for professional success.

Most women recognise that they will not be able to climb the ladder as quickly as their male peers if they take a break to have children. However, most want the opportunity to be able to continue working while having ample time to devote to their families. With the proportion of women in medicine increasing, changes in training structures are inevitable. Hopefully the provision of part-time posts and job sharing schemes will become more widespread. However, change does not happen overnight and until then attitudes towards women in medicine should change and become more understanding.

In this age of "equality of the sexes", a woman does not have to physically disguise herself as a man

to be a doctor. However, times have not changed as much as we would like to believe, if instead of a man's clothing, she should have to don a male lifestyle and attitude to succeed in her profession.

Shazia Khan

3rd Year Medical Student

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Part Time working in Medicine . J Trowell. *Medical Women* 18(1)

Careers for women in Medicine. Planning and Pitfalls. *Women in Medicine* 3rd Edition 1992

Women Physicians. Careers, status and power. Judith Lorber. Tavistock Publications 1984

RESEARCH FRONT.

Motivation for going to medical school and career plans

A study by Professor Chris McManus from the department of psychology at UCL assessed career preferences at entry to medical school, in the final year and the final two months of their pre-registration post amongst 1000 medical students starting in 1990. Determining what influenced their career choices, he confirmed that a bad surgical/medical post would make doctors less inclined to pursue that career. Those with masculine personalities were more likely to choose a career in a surgery and more feminine personalities were attracted to general practice. Dislike of both medical and surgical posts indicated a liking for psychiatry. More emergency admissions and fewer routine ones resulted in the higher rating of a post, whilst the amount of sleep on call, the length of the working day and work load surprisingly, had little impact on doctors' perceptions.

Source: Student BMJ, February 1999.

The motivations for studying medicine may be heterogeneous, with reasons as varied as high social status or the opportunity to save lives being cited, and may have different types of impact on recruitment to different types of medical work. A Norwegian group recently surveyed a group of first year medical students, one month after they had started. They categorised the motives for choosing medicine into three indexes: "people orientated", "status/security orientated" and "natural science orientated" motives. The students were also allowed to pick their preferred choices from 53 specialities.

Unsurprisingly, people oriented motives were clearly more emphasised, especially amongst women, than status or natural science motives. There was no significant difference between genders when the other two motives



were examined suggesting that becoming a physician makes it possible for women to realise traditional female values, such as caring for people, without renouncing their wish to preserve a high social position. Generally, the female students scored higher than their male counterparts on all three main motives for becoming a doctor.

Asking medical students in their first 6 months of a 5 year course about their preference for specialities may seem hypothetical but it is at least interesting to see whether motivational factors influence the type of specialisation for which they think they might be suited. Early preference may have some predictive power with 45% of students correctly identifying their later, actual choice of speciality prior to their first medical school lecture¹. Those interested in entering General Practice scored higher people and status orientated motives and scored lower on natural science motivation. In addition they less frequently had a father in a high-status position and came from a relatively lower social origin. It was suggested that these students "are more aware of the change in status/security they will obtain qualifying as a doctor, even a family doctor." The danger appears that a system of recruitment giving priority to students from the higher social strata may result in fewer students being interested in General Practice.

Students interested in hospital medicine had different motives. They had an increased motivation for natural sciences, were more often women and more often had a father who was a physician. This may be explained as a way of living up to what they believe are the expectations of their parents. As expected, more women preferred paediatrics and gynaecology and women did not prefer psychiatry more often than men.

Another factor that was examined was the number of repeated exams taken at 6th form in order to meet the medical school's entry requirements. Competition in Norway for such places is high with the mean number of retaken exams being 8. Students with a high number of retakes were found to have a low motivation for natural sciences, as one may expect, but it also seemed to be a positive attribute (along with being male) of choosing



surgery as a speciality. What was that mnemonic? In A Surgeons Gown A Physician Might Do Well? Not in Norway in seems!

1. Vaglum et al. Motivation for medical school. Med Educ 1999; 33: 236.
2. Zeldow et al. The decision to enter a medical speciality. Med Educ 1992; 26:327

Navtej S Chahal



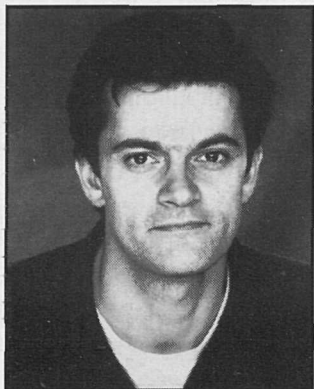
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My wife and I first met when we were medical students at Guy's. As she is currently working at Guy's, it is of the utmost importance that I do not reveal her identity.

Kate (not her real name) is an anaesthetist (of course she's not) and the sorry truth of our first encounter is that I tried to chat her up at the Fresher's Riverboat Disco with the line "I've been meaning to talk to you all week, but I'm too shy". (Oh, how she delights in wheeling that one out in polite conversation at dinner parties.) She told me to get lost and incredibly, to this day, insists that she did not fancy me.

Ever the patient one, I waited a few months before I made my second, and altogether more successful, move. If I remember rightly, it was a Rag Week disco in some terrible dive in Oxford Street called Scuffles or something, and we haven't looked back since.

One feature of our relationship in those early years was that we were one of those couples, which I presume still exist, that have rows. Arguments. Barneys. Fights. Not little ones - minor squabbles over who left the top off the toothpaste. No, huge, relationship-ending ones - loudly, and in public. Unsurprisingly, these displays of contention took place in The Bar on Friday nights, fuelled by unhealthy volumes of John Bull bitter-top. People would set their watches by us; if by nine o'clock we weren't sat in the corner of the bar shouting at each other, they would assume that either a) we had started the row early and moved it on to a different location (the Colonnade, St Thomas' Street, etc) or b) we had gone on holiday to Greece.

One might try to explain our behaviour by pointing out that it was the first time that either of us had experienced the combination of being both a) in a



relationship and b) desperately drunk every Friday night - and that may have affected some sort of "mardi"ness centre in our brains. This in turn caused the release of neurotransmitters that resulted in sniping, contrariness, bitching, wilful misunderstanding and generally having no concern for the feelings of one's partner - thus causing arguments. Possibly.

We could have argued for Great Britain, and we weren't the only couple to do so on a regular basis. I remember one girl throwing a pizza at her boyfriend one night in The Bar (I think they were Wednesday-nighters). In hindsight, we should have just arranged pre-Hop get-togethers with all the other argumentative couples. Nothing fancy; just drinks, a few nibbles and face-to-face screaming in a safe environment. An ideal opportunity to get it all out of our systems instead of embarrassing our friends later in the evening.

Actually, my friends were never embarrassed by our rows. On the contrary, they would point at us and laugh, occasionally throwing in inflammatory comments to keep things rolling nicely along: "Well to be fair, Tone, I'm with Kate (not her real name) on this one - why, only this morning you called her an old witch behind her back".

Our first year together saw us have the two biggest rows that we have EVER had. The first was a sort of "well if that's what you think, then perhaps it would be better if I left" epic about the relative merits of - wait for it - terry nappies versus disposables. Kate (definitely not her real name) was firmly in the terry camp, while I maintained that disposables were far superior. An interesting postscript to this is the fact that she's now changed her opinion, favouring disposables. So, a little victory for me there, I think.

The greatest of all rows, however, was the "Go on then, go - I'm not stopping you" scorcher, of which the chosen subject was (and I swear that this is true): 'What Our Last Row Was About'. You couldn't make it up if you tried, could you?



Those days, thankfully, are behind us and, after eight years of marriage, we feel we are experienced enough to spot when rows are about to start and head them off at the pass. However, in common with all people in long-term relationships, there are a few areas which are best avoided if one is to maintain a row-free environment.

1. **DRIVING** (incorporating **MAP-READING**) A veritable minefield. All criticism of driving technique, (including sharp intakes of breath and wincing) will end in tears. Really. Either pretend to be asleep or get two cars.

2. **COOKING** When asked "How is it?" never, EVER, reply "S'alright". It's really not worth it.

3. **HOW DO I LOOK?** Classic argument territory because, as everyone is aware, there is no right answer to this. Superlatives such as "wonderful", "fabulous" or "a million dollars" will be met with either accusations of sarcasm, or "Well why can't you say it without me having to ask?". A no-win situation for all involved.

4. **BEING DRUNK** (incorporating **BEING NOISY WHEN THE CHILDREN ARE ASLEEP** and **BEING SMELLY**) Never attempt without involving other partner. Unfortunately, pregnancy and breastfeeding make this very difficult, but at least you get driven about for a year.

5. **WORK** On no account try to add helpful suggestions when your partner is having problems at work. It will only inflame. Things such as saying that he doesn't sound convincing when you're helping him learn lines, because he's obviously not at performance level, he's just trying to get them learnt. Don't you see Kate ? (not your real name). I don't tell you how to be an anaesthetist (which you're not), do I ?

Tony Gardner

FEATURES.

Never Clever

As the start time drew closer, the predictable clusters of punctual students were scattered around the Harris Lecture theatre. Drawn to their expected locations, which had been determined since the formative years of these “medics”, the framework was in place. All that was needed now was a lecturer and the very predictable stragglers to smooth the edges and at least add some credibility to the steadily declining early

morning lecture numbers. Without this framework in place, it was very doubtful as to whether the lecture could commence.

*'It was a quarter past
nine, and hell hath no
fury like a student
yawned'*

Time passed, which was initially fine, as although the congregation would

rather be in bed, anything was better than listening to anything at this time of day. Stories were recounted, the continual latecomers were thoroughly scrutinised and timetables were extracted to confirm the correct time and date of the lecture. It was now a quarter past nine and hell hath no fury like a student yawned and the more derisive “football” section of the crowd were baying for the SMEC representatives to assuage the few deserters but were ultimately seeking the go-ahead to abandon ship for the safe haven of the Spit.

At last a figure of reasonable looking authority entered, which served to semi-hush the rowdy “non-drinking but having fun” Asian component located at the front right. However, as this stranger approached the podium, it looked increasingly as if the head and neck lecture by the flamboyant Dr

*'The “football” section
were ultimately seeking
the go-ahead to abandon
ship for the safe haven of
the Spit.'*



*'Whenever rag week was,
it wasn't now and they
weren't due a fresher's
week prank lecture
surely'*

Hutchinson was in doubt. "Excuse me, sorry to keep you waiting, as you may have realised Dr Hutchinson's lecture has had to be postponed. We have some rather important announcements to make concerning, well, some important discoveries and theories that I'm afraid we now consider to be sort of wrong".

Again timetables were inspected. Whenever rag week was, it wasn't now and they weren't due a fresher's week prank lecture surely, at least until they qualified. The announcer looked ill at ease with the insouciant attention that most students appear to be able to conjure. What he was about to say was quite serious and his presentation, not dissimilar to Niles Cramer from the sitcom "Frazier", did nothing to engage them anymore.

"It has come to light recently that certain theories concerning some of the core topics you are taught, namely neuroscience, biochemistry, genetics and immunology have quite serious flaws in them which render these subjects quite meaningless". If the lecturer was waiting for some kind of reaction then he would have been waiting for quite a while. All that still confronted him was about 150 poised pens, waiting for an obvious green light. "Yes, firstly it seems that the much heralded chemical mechanism of conduction between nerve endings is seriously flawed. Let me refresh your memories..."

He slapped an acetate type thing on the overhead projector which catapulted a familiar diagram of the synapse onto the wall. At last the students had something to get their teeth into. A diagram that had been

*'If the lecturer was waiting for
some kind of reaction then he
would have been waiting for
quite a while.'*

transcribed at least a dozen times was rapidly devoured as if it had been



their first information for a week. "An action potential must reach the nerve terminal, depolarise it causing Ca^{2+} influx, which is a signal for release of transmitters out of the bouton by exocytosis, which then traverses the synaptic cleft, binds to the post synaptic membrane and may cause the initiation of a synaptic potential. We know that nerve fibres can conduct action potentials at anything from 18 to 120 m/sec, which I think you would agree is impressive and more than adequate to convey impulses to and from the brain to be of any use. However, as you also know, a chain is only as strong as its weakest link and we are talking seconds for the described sequence of events at the synapse to occur, rather than milliseconds as you may have previously thought.

'What were they writing down? What he had just said was utter nonsense.'

A group from Oxbridge, near Uxbridge, have come up with a far more feasible theory whereby the initial action potentials generated serve to polarise the bouton causing it to vibrate longitudinally and to physically attract and contact its neighbour like a magnet, which is sufficient to initiate another action potential. The role of acetyl choline, dopamine, serotonin etcetera, as putative neurotransmitters seems attractive when antagonists are applied and nerve conduction is apparently slowed. But the notion that these chemicals are released into the synaptic cleft, without a reasonable model such as osmosis or chemotaxis, and are somehow propelled towards the post synaptic terminal in a fraction of a millisecond seems unlikely." What were they writing down? What he had just said was utter nonsense but he had been warned that the annual Fred Imms Lecture on Improbable Hypotheses, which he had been chosen to deliver, always produced this rather sad reaction.

N.S. Chahal



407 Art Club Winter Exhibition.

Feb 15th - 26th 1999 Atrium One Thomas Guy House.

This was the second show in the atrium within a year and very successful it was too. Accessibility and a longer period of exhibition ensured a record number of visitors. One third of the paintings were sold, making the show an unusually attractive commercial event for artists and purchasers.

First the ceramics. Jane Gibsons pots are a regular feature but the lack of a secure display cabinet meant that they were on show for the opening night only. Still, she did brisk business. Her unique style and technique of combining classical shapes with paper, wood or sawdust firings are generating interest in the South East where her work is available in several galleries.

Maurice Lessof continues to delight viewers with his new found medium of sculpture. The whimsical lizard was displayed as a wall attachment and prompted many smiles. The human forms "Listening to music" and "The model" were further evidence of his natural talent and expanding creativity.

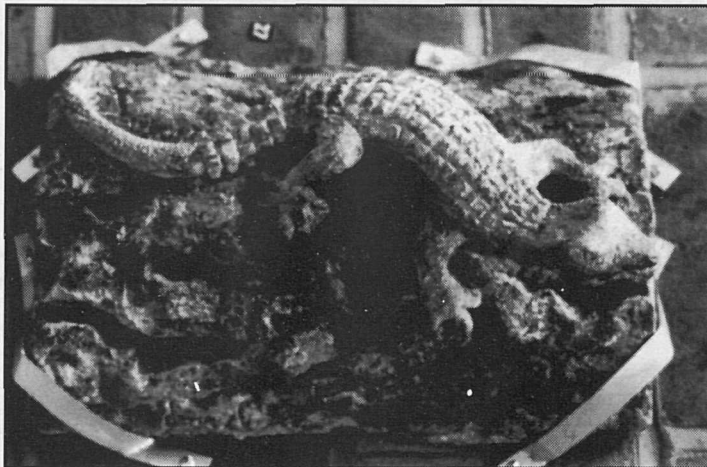
On this occasion William Mann displayed only two of his bright, cheerful canvasses. "Dieppe maritime - the early morning train" was clearly a personal experience, full of atmosphere. By contrast "Afternoon in Céret", French in place and presentation, was a studied scene with careful balancing of shapes and pigment, painted in glowing mid-afternoon colours.



"Afternoon in Ceret" - William Mann

Other oils were produced by Lynn Marsh, her second 407 exhibition. These small, bright pictures were a joy. Dulani Mendis was one of few students exhibiting. Her copy of the Picasso picture of a weeping woman was nicely executed.

Water colour was the favoured medium. Another star was student, Zoe Wardley. Her topographical scenes of Guy's and St Thomas' were attractive and popular. Two now adorn the walls for visiting admirers. The regulars at these shows were again in evidence. Roy Spector's instantly recognisable style was apparent in two pictures, one of the "Alhambra" and the other of "Austin Friars, London". So often adjacent because of their similar themes, the watercolours of Terence Gibson were this time several spaces removed from those of Prof. Spector. There were two scenes from the Punjab including "Wazir Khan mosque, Lahore". Pictures of Southwark bridge and a South London suburb were more easily recognisable.



"Lizard" - Maurice Lessof

The professional standard of watercolours by Meg Dinkeldein were given the space they warranted. "Oleander" and "Sunflower field" were horticultural contrasts to the landscape of trees in Greenwich Park and the seascape of "New Territories, Hong Kong".

More plant studies were provided by O.J. Lan whose display of painted bamboo shoots over the four seasons was a brilliant idea and a lovely quartet of paintings. A "Poinsettia" by Shirley Hodgson was another flower study, but this time in oil. It was accompanied by a sombre painting of men at work, an enigmatic picture. Another active member of staff who has regularly contributed is Susanna Nasskau whose figure study in charcoal was an exhibition focus point. Adjacent, adding colour, was a simple glass tableau by Mark Kinirons.

July 1999

G A Z E T T E F E A T U R E



In a wonderful range of pictures using collage, etchings and lino cuts, Matteo Adinolfi revealed his touch for design and colour. Difficult to describe but a delight to the eye, these too proved popular with discerning purchasers.

Jennifer Williams displayed two etchings and two aquatints. The flare of the artist for producing attractive pictures with obscure titles was again evident. The etching entitled "The game is on" was sought by more than one collector.

The next 407 exhibition will be held in Atrium One from September 6th - 24th 1999. Any readers of the Gazette, but especially students, should contact Dr. T. Gibson on Guys ext. 4310.

Patricia James.

STUDENT SHOP

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A Student at Guy's

Recollections of the Thirties

MEDICAL WARD CLERK

(First three months)

After this hard three months, one returned to the comparative calm of the medical wards. Although the appointment to each of the firms as surgical ward clerk was by lot, so that which firm you got was by chance, subsequently the men with the best "sign-ups" got their first choice. I was lucky to get on the Hurst firm, with Conybeare as the assistant physician. Hurst was the most brilliant star on the staff during the 20th century; Conybeare was a man of exceptional and generous character. I have written of them elsewhere; they made a deep and lasting impression on me - I was fortunate.

All but a handful of the beds were under the care of the Physician perhaps thirty or forty. The Assistant Physician had five or six only. All patients from take-in were admitted under a full physician. The assistant physician sat at out-patients one afternoon a week and it was from his "list" that the beds of the firm were kept supplied. On Wednesday afternoon, the fifth assistant physician sat, as he also did on Saturday morning. He had no beds. The take-in house physician (accompanied by the "Clinical", of which more later) were called to all acute cases seen in the Surgery, or at Outpatients needing admission. Unlike his surgical counterpart, he never admitted into his own beds, but into those of the other three firms. This was because the burden of caring singly for all the acute admissions would have been impossible.

'Unlike his surgical counterpart, he never admitted into his own beds'



Patients in the medical wards were generally much more acutely ill than they are today. There were no antibiotics and even sulphonamides were only beginning to be introduced shortly before I qualified. So there were patients with lobar pneumonia and meningitis and septicaemia; pleural effusion and tuberculosis in its acute forms - these apart from the sort of patients seen today, ulcerative colitis, leukaemia and Bright's disease, for example, for whom treatment was often no more than supportive and whose progress was slow and the outcome mortal. So draining empyemata and doing lumbar punctures were daily procedures.

'Draining empyemata and doing lumbar punctures were daily procedures'

The house physician did his own blood ureas and blood sugars, when they were needed urgently, in the little lab at the top of Hunts House. The ward clerk did the blood counts. Fortunately, "electrolytes" had not arrived on the clinical scene. If a blood transfusion were needed, sister would first collect volunteer relatives. The H.P. then had not only to group the patient, but the possible donor also, until he found a match. After cross-matching, he would then bleed the donor through a French's needle and a piece of rubber tubing into an enamel jug (common or garden kind), kept warm in a basin of hot water and prevented from clotting by citrate solution. The blood would then be poured into the patient's vein using an ordinary intravenous needle with a pinch-cock to regulate the rate of flow. There were the oxygen tents to look after; they had recently been invented by Dr Poulton and regular analyses were needed of gas samples withdrawn from the interior. Beside the routine blood counts, the ward clerk examined the urine and tested for occult blood with tincture of guaiac or the spectroscope.

'Fortunately, "electrolytes" had not arrived on the clinical scene'

The nightly burden of the take-in H.P. was lightened by the "ex-H.P.". He

was the resident who had been take-in H.P. during the previous week. He looked after his own beds and those on other firms during the evenings or at times when the other H.P.'s were out. So an H.P. was on continuous duty for two weeks in every four, during which time he could not leave the hospital at all.

'An H.P. was on continuous duty for two weeks in every four'

There was no Resident Medical Officer. The medical registrar was employed by the Medical School. Like his surgical counterpart, it was his task to teach the students on his firm which he did every morning from ten to twelve, on five days a week. Unlike the surgical registrar he did not

metamorphose into a resident medical officer during take-in week. On his morning rounds, he would go through the ward clerk's notes, teach on the physical signs and ensure that everything was in order for the physician's round in the afternoon. If there was time to spare, he might give a brief tutorial on some topic, nephritis for example, or take the clerks to the museum.

When a patient was discharged, he put the notes in order, wrote a summary on the front of the report, together with the dates of their admission and discharge in a leather-bound book, one for each firm. The reports were bound in great quarto volumes and deposited in the Registry as permanent records. They were of the greatest value in retrospective research and most accessible, because they were in books written in pen and ink, and stored on shelves, just like records at Somerset House. So the registrar was indeed the Registrar. He took no part in the treatment of the patient. If the H.P. was in any doubt about what he should do, it was his duty to telephone his physician, or, after six in the evening, the assistant physician. It thus happened that the relationship between H.P. and his chief was close. The registrar rarely attended the physician's rounds, lest

'The registrar rarely attended the physician's rounds'



it be to see the clerks were up to scratch. If he did attend, he stood a silent figure on the periphery of the firm; his opinion was neither sought, nor given.

JUNIOR DRESSER

Back to the surgical wards and life in earnest. The dressers were indeed surgeons' dressers and dress they did. As a dresser, you were wholly responsible for dressing the wounds of your patients. Many of the wounds were frightful; sepsis abounded. It was commonplace for mastectomy wounds to break down; following the very extensive operations then practised for cancer of the breast, healing by first intention was rare, healing by granulation was slow and the wound was often - almost always - infected.

'Many of the wounds were frightful; sepsis abounded.'

The constant loss of fluid and protein was debilitating. Osteomyelitis was a common cause of prolonged invalidism and might demand amputation. It was particularly devastating in children who had been injured in street accidents and sustained compound fractures of the legs. Often they were put in plaster. This encouraged the growth of maggots under the plaster which ate up the debris and produced a cleaner wound. This method of treatment had been introduced in the first world war to treat military casualties; we were lucky in the second war to have sulphonamides and, eventually, penicillin. Changing the foul and

'Changing the foul and stinking plasters was formidable'

stinking plaster was formidable and the fortitude of so many Boro' children was astonishing. But the care the dresser gave his patients was rewarding. If your patient needed to be dressed on a Sunday morning, you came up and did it, although you could sometimes get a friendly nurse to do it for you.

Those calm Sunday mornings in the wards, with a big coal fire burning in the grate, afforded the perfect opportunity to chat with the patients - and perhaps sometimes with the nurses while Sister was at Matins.

Another duty of the junior dresser was to attend the Back Surgery in the mornings according to a rota. There, all the daily dressings were done on patients referred from the Front Surgery which they had attended in the first instance, or where they had been sent on discharge from the wards. The work consisted mostly of dressing septic wounds, carbuncles, boils and the like, and in taking out stitches. It was a great room full of people with sores and adjoined Medical Out-patients in an area now used for the distribution of medical records. Flavine, eusol, magnesium sulphate paste and lotio rubra were much in evidence.

*I have seen him
break a steel
scalpel in half
because it was
blunt'*

The surgical duties of a junior dresser did not occupy the whole of his time. The assistant surgeon did not do frequent formal rounds, so junior dressers attended medical out-patients and did the clerking there. Medical out-patients were held each afternoon during the week and on Saturday morning.

There was also the opportunity to work off some of the minor appointments which demanded only a few sessions each week - E.N.T.'s, skins and psychiatry. Towards the end of the three years clinical apprenticeship, a three month period was set aside for "specials", but it was as well to get signed up for as many as you could early on.

I was fortunate enough to be junior dresser to Davies-Colley who receives hardly a mention in Cameron's book* about the Hospital. He was of enormous physique and power; I have seen him break a steel scalpel in half because it was blunt. He had worked at Salonika and in the Eastern Mediterranean as a surgeon in the War and he had a precise eye and a quick



hand. I remember his doing a mid-thigh operation in a few minutes. But he was gentle in manner and courteous and kind to his patients to a degree. Not but that this formidable figure in pink-striped shirt and spotted blue tie could not be a little impatient at times.

His anaesthetist was Francis Shipway, the inventor of a gas and oxygen machine which could deliver chloroform and ether and was the precursor of the more sophisticated machines in use today. Shigway was careful - even fussy. D-C was preparing to remove the gallbladder of an immensely fat woman, laid out on the table, towels fixed and the skin anointed with iodine. D-C picked up a scalpel and cleaved her from sternum to pubis through several inches of fat in one superb stroke. "You're not starting, D-C?" "No", came the reply, "just a trial stroke". The Davies-Colleys had a big house near Pulborough where the large family came and went. On Saturday night, perhaps twenty sat down to dinner by candle-light - candle lit because there was no other lighting. Among the company was often one of the dressers whom D-C had driven down for the week-end, and Nicholson the pathologist, was a frequent guest. It was a big estate and each morning early, D-C would fell a huge tree with an axe as a preliminary to the day's activities.

W.N.Mann

* Cameron, H.C. (1954) Mr Guy's Hospital, London, Longmans Green & Co.



Men's Health

As someone who has an interest in men's health for three reasons I find the recent publicity heartening. What are my three reasons? Firstly, I am a man, secondly, I work in promoting better health for men, and thirdly, as a nurse I have often been aware that the qualities that are frequently associated with good nursing are those of a 'feminine' nature.

Taking the first and second together, I am aware that both for myself, and for the majority of men, we take health less seriously than our women companions. It is a proud boast of many men - 'I've not seen a doctor for 10, or maybe 20 years'. In contrast, women who go to family planning clinics, to obstetric services, then to GPs with their children. Going to see a doctor is as common for women as including a loaf of bread on the shopping list.

This lack of concern over health issues by many men is reflected in research budgets. Prostate cancer receives a miniscule financial grant compared with what is spent on breast cancer. Although the latter is

not unknown in men, it affects women most commonly. I listened recently to a BBC Radio 4 'Moral Maze' broadcast, and Sir Julian Critchley, a former Tory MP, though bemoaning this difference, had little to offer except encouragement to campaigning by men. The programme mentioned an organization entitled 'Father's Direct' which seeks to redress the imbalance in concern over men's role in life and their health, in this post-feminist era.

Women, statistically, live longer than men. Why? To some extent this may have to do with traditional working patterns, where the man was the breadwinner, and the woman the homemaker. Once a man retires, his role is fulfilled, but the woman, as homemaker, never retires. It is also, apparently, true that single men have even shorter lives than those who have partners to care for them. As I write this I wonder how all this sounds to the ears of the new generation who share the homework, share the childminding, in homes where the man is not just there to bring home the "spondulicks", cut the grass and keep the car running? Things have changed, but



in terms of men's health there is still some way to go.

'Fathers Direct' looks to address the problems men face when they look to their feminine side. In this country we are behind some other western democracies: paternity leave is still a rarity here. Admittedly we have moved on from the situation Enid Bagnold described in her classic 'The Squire' in the 1930s, when men were denied any access to their wives and babies, by the midwife at time of birth. Nowadays a man who did not attend the birth of his child would be considered either a boor or a wimp.

Nevertheless, to return to my third point, that men in nursing are at some disadvantage, because nursing demands feminine qualities - compassions, care, nurture - even the name 'nurse' has to be preceded by the word 'male' to make the gender clear. This state may have changed. But I recall, some years ago, my wife discussing my occupation: I was a nurse she had said, "A male nurse?" her interlocutor responded. I think she knew me well enough at that time to respond in the affirmative! A child living

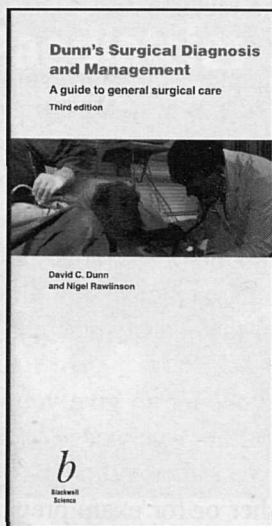
near my home once insisted that Denis could not be a nurse, since only girls were nurses, when he played doctors & nurses. He refused to accept this, only partially relenting, saying, that if I wasn't a doctor, then I must be a dentist. So yes, he said, 'its Den the dentist!'

As men, we all are imbued with a bit of laddishness, and are not expected to cry, or appear a coward. When I was young, it was only men conscripted to do National Service. I suppose Essex women do go out in a gaggle to get drunk and recount the tales afterwards. It used only to be such as Guy's rugby team - men - or other uncouth blokes from council flats who got drunk and did disgusting things. Men do drink more than women, they used to smoke more, but I believe that has changed. Now smoking is identified as a cause of impotence, viagra can put that right! Men need to recognise the help that can be offered through recognition of diseases such as testicular cancer, and how to examine themselves; it is not a sign of weakness to protect our health by taking on the mantle so far adopted successfully, mainly by women.

Denis Cobell

REVIEWS.

Dunn's Surgical Diagnosis and Management



Third Edition
David C Dunn and Nigel
Rawlinson
ISBN 0-86542-718-6

This textbook was first designed as a concise, and practical text for medical students and housemen. The new edition achieves this very well. The more practical approach of the eleven chapters make a refreshing change from the purely didactic style of more traditional books. Be-

fore specific conditions are tackled, the first five chapters deal with the general details of admitting and preparing patients for operations, management of pre-existing disease, and dealing with patients postoperatively. Just a little taller than the Oxford Handbook, such information is handy in the white coat of both housemen and budding medical students.

This book makes it much easier to follow patient management on a daily basis. The management for each disease covers before, during and after operations and salient details on obtaining consent

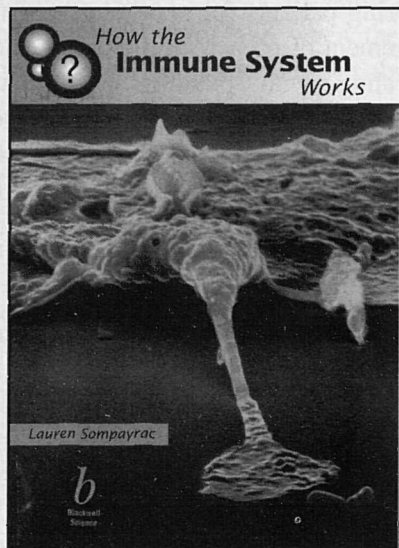
Despite the necessary density of material in a book this size, it is clear and easy to read. Essential line drawings explain the most important of concepts well, but some may find these too sparse.

In summary, this practically based book fills a gap in surgical textbooks that many will have been looking for. I thoroughly recommend it.

Jeremy Hughes



How the immune system works



Lauren Sompayrac
ISBN 0-632-04413-6

This is an extremely good book. The preface says it was written for those beginning to study immunology. I disagree - no matter what stage of training you have reached, this brief overview of immunology is superb.

Whether you use it as a path through to further reading (perhaps those taking BSc's) or as a text to revise the basics as a clinical stu-

dent, this text is for you. It is very readable, and although it might have been worth expanding the blue and black only text scheme the text is clear and readable.

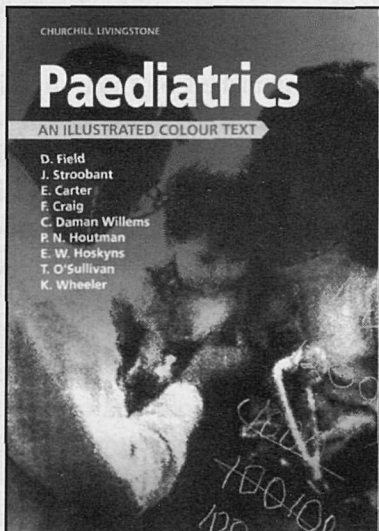
Each chapter starts off with a review, which will be useful for revision or those who need a very quick refresher. The rest of the chapter goes into more detail, with just the right amount of digrams and some superb all encompassing flow diagrams at the end of some chapters.

Detailed enough to give you a good core working knowledge of immunology, yet concise enough to use as a refresher or for exam preparation. Check this book out.

Jeremy Hughes



Paediatrics : An illustrated colour text.



Ed. Field, Stroobant
Churchill Livingstone
ISBN 0443052549

This is a good revision text. It tackles major topics on a double page spread and includes many useful illustrations and diagrams to supplement the text.

The 'learning units' on new born examination and child examination are particularly notable. The development sections are well discussed

and explained, though as with any textbook, is not exhaustive. The topic of 'Behaviour' is actually quite sparse and unfortunately not well discussed. For example the section on adolescence fails to tackle in suitable depth the common problems of depression and drug dependency.

The emergency sections are well covered and the acute paediatrics section good. This book does not contain a section on neonatal care or the role of paediatricians in the delivery room. However it is well written and easy to read.

Will Topping

SPORT.

MEN'S GKT Waterpolo and Swimming

After our success in winning the South East BUSA competition, we eagerly looked forward to the Quarter Finals in Late January. However the Gods were against us as our pool was closed from December and thus we only managed a little swimming in preparation for this event held at Imperial College pool. The other teams in this Quarter final were Oxford, Surrey (who came through to this round, because Imperial had been disqualified for fielding the entire UL team, which had only one token Imperial player) and Southampton.

The first match was Surrey against Oxford who warmed up slowly but showed class and put Surrey away 12-3. Surrey then faced Southampton and did little a better 8-3. Both these teams looked much improved on our last encounter in December.

We then faced the might of Oxford, who had made the BUSA finals last year. The cobwebs were evident and our marking was unusu-

ally loose as Oxford hit us fast on the break which they converted with some panache. Our counter attacks took us up to their goal but our shooting was not at its best and we then punished by their superior speed in the water. Not looking at all like the team that had let only one goal all season up to this point we were looking down the wrong end of an 8-0 drumming at half time.

The team entered the second half with renewed vigour and our marking became much tighter, this slowed Oxford, Dan Kinsey over powered his defender twice and converted. A loose pass allowed Oxford again to hit us on the break. Oxford then started to slow the game up but Andy Arnold produced some excellent defending releasing George Fridd on the break. Oxford fitness was starting to tell as the defenders eased just enough for them to score two more. Fridd had the final word and produced a solo goal from a loose Oxford pass. Final score 13-4 to Oxford.

Oxford then immediately faced Southampton who despite being



rested, were unable to contain Oxford in the first half (11-0). Oxford then kicked their heels and soaked up Southampton's attack to finish the game 15-2.

Next up was Surrey vs. Guys. There were spirited performances by the entire team. However, we were still missing a number of shooting opportunities. The Goals came eventually from Nick Lai, Alex Setchell, George Fridd and Andy Arnold. Surrey managed to convert a couple of opportunities against our defence that still lacked the aggression seen before Christmas. We finished the game with a satisfactory 7-2 win.

On the turnaround we then faced Southampton, who we had narrowly beat in the South-east divisional final (1-0). This was probably the closest match of the tournament with neither team giving anything away for the first quarter. We then had a player excluded on improper substitution, leaving us with a man down for just enough time for Southampton to score twice. Once back to full strength, we missed two opportunities, but

Fridd was able to swim off his defender and score. Southampton looked the fitter team and put another ball past James Berry our goalkeeper just before half time (3-1 to Southampton).

The second half started with even more intensity than the first and there was a deadlock for some minutes. Tempers began to fray and several melees broke out, Fridd was witnessed returning a punch to the No. 9. He was then sent off and we were down to 6 men for the rest of the half. Despite some valiant defending, Southampton took their chances and added 3 more goals. Kinsey and Lai were able to put another one past the Southampton keeper. Final score 6-2 to Southampton. This drew the end of Guy's first foray into BUSA competition, which could well have been different if our pool had not been closed.

The UH league restarted two weeks later. We had led the competition before Christmas and had no intention of letting the advantage slip away. We faced the Imperial medic team first and despite the recent merger of this team they were un-



able to get a full squad of men, and resorted to a few girls. They were punished for this as Guy's turned up the heat and put six goals past them in the first quarter, coming from Kinsey, Fridd, Lai, and O'Leary. This allowed the rest of the squad to become more adven-

the best goal of the season - a deflection off the post gave Pearch the opportunity to produce a poetic flick into the left hand corner), and Andy Thompson (token King's boy, who we let in because his Dad's a gas man up the tower and some may remember him gracing HOP as



UH Cup winning Waterpolo Squad

turous and to take a more offensive role. This culminated in goals from Steve Tsang, Ben Pearch (probably

a regular first XV player) who was unlucky not to get a hat trick. Setchell and Arnold also scored as

July 1999

GAZETTE SPORT



this turned in to a bit of a goal fest and it ended 19-2.

Barts/London failed to muster a side despite organising this year's competition. However, we had a last minute friendly against a rest of the world team (including players from LSE, IC, UCH, UCL and the Free). This was a close match with some strong swimming and skill from some of LSE's American players. Goals came from the usual suspects and Guy's eventually smuggled home 10-9.

Our game against UCH/Free was another solid performance by Guy's which led us to a respectable 10-4 score line and that was enough to give us the UH league title.

UH CUP

As runners up last year, we were determined to have this one. We faced Imperial first and although benefiting from a stronger squad, they were unable to match Guy's speed and power. This opened up a number of scoring opportunities. Initially our aim was well off but we settled with goals coming from

Fridd and Kinsey eventually, despite the captain being unable to find the net for half a dozen sitters. The second half opened up as the Imperial lard/muscle ratio began to tell and we produced 7 more goals coming from O'Leary, Pearch, Setchell and the rest of the usual suspects. We blew away Imperial medics 10-3.

In the final, the old enemy in the water, Barts / London, last year's winner on some dodgy penalties, had a full squad with many of their older players back from electives. It was to be a tight physical match, in the first quarter we held them well in defence. Their goalie put in some excellent saves. Our finishing was still shaky until Fridd put 2 away towards the end of the first quarter, However, Barts hit us on a fast counter and used their big man to power one past James in goal.

The second quarter was a similar story with Guy's dominating possession and keeping the ball in their end, but only converted one chance, Barts, despite having only one good attack this quarter, were able to convert. 3-2 at half time.



The match got very physical in the third quarter as Barts tried everything to hold Fridd and Kinsey, both scoring in this quarter. Barts started to use their big man in the hole to greater effect, scoring twice 5-4.

Guy's started to hold up the Barts offence in the last quarter this unleashed Fridd and Lai. Barts scraped one back in the closing minute. This gave us a hard fought 7-5 victory and the cup. Which was soon brimming with fizzy yellow drink in the ULU bar upstairs as we celebrated the CUP coming home!!!! And that's about all I can remember.

Three boys (O'Leary, Pearch and Setchell) dominated selection for the relay events for UL this year. They decided that they were disadvantaged at the Loughborough and Bath squads where they train. This was primarily due to not being allowed to drink, smoke, have girlfriends, being on GB youth squad, etc . Therefore, it was decided that for the Medley relay they should wear Bikinis. This would also confuse the other teams enough allowing a smooth passage into the final. This tactic may have backfired a little as both these teams got into the final and we didn't!

Ben Pearch

Swimming

In the last year Guy's has started to dominate the UL swimming squad. The captain is Samantha D'Arcy, who along with Ella Baines and John O'Leary have made it to the top 10 in their chosen events at BUSA national events. Also competing for the UL squad in the BUSA long course nationals at Leeds International pool were fellow rippled swimming gods Alex Setchell and Ben Pearch.



EDWARD MALCOLM SYCAMORE 1923 - 1999

Ted Sycamore died on May 8th this year at his home in Brightlingsea. He qualified LDS RCS at Guy's Hospital Dental School in 1946 and subsequently became the resident House Surgeon to the late senior surgeon Mr G B Prichard, followed by a conscription period of two years as an RAF Dental Officer.

Returning to Guy's as a medical student, he gained his LRCP MRCS in 1952, the LMSSA in 1953 and his FDS RCS in 1957. He then held various Registrar appointments in the Preventive Dentistry, Oral Surgery and Prosthetics departments and was subsequently appointed Consultant Dental Surgeon to both the National Heart and the North Middlesex hospitals, combining these appointments with a successful Harley Street private practice for 34 years, his wife being his loyal and efficient chairside assistant and secretary.

He was a loyal member of the Embryo Club, a dental dining group formed in 1957 by his many Guy's contemporaries, only miss-

ing the most recent meeting through ill health.

Ted was born and brought up in his grandfathers house at Brightlingsea and lived there till his dying day. During his retirement, he became Deputy of the Cinque Port Liberty of Brightlingsea, a position held by his grandfather 70 years before, and also established the Edward Sycamore Brightlingsea Fund for the encouragement of educational, sporting and social endeavours young people in the town; he was a director of the Brightlingsea Museum since it's inception.

A keen yachtsman, he was the owner of two grand sailing boats which were his pride and joy, enjoying many a weekend with his wife on board these beautifully maintained vessels.

A memorial service was held recently at All Saints Church, Brightlingsea, for his life and work. He had previously organised the gift of a centenary window there, given by the Gild of Brightlingsea Freemen and had been responsible for the restoration of the Lych Gate which had been badly damaged in the storm of 1987. This service was attended by over a hundred mourners from both his beloved home



town and the dental profession, with tributes being given by his own dental surgeon (John Simons, BDS 1961) and a fellow Freeman and friend from his own home town, (Claude Dove).

He leaves a son by his former marriage, and will be most sadly missed by his devoted wife and dearest friend Lesley, as well as his step daughter and son-in-law, both following in the dental profession. We who knew him so well send them all our sincerest sympathies in the loss of such a talented and caring professional and family man.

Mr R E Feaver
(Guys, LDS 1947)

Dr ALLAN T M ROBERTS FRCP

Scholar to Guy's 1933-1938

Dr Roberts worked as a Physician in Bristol for 40 years. He then retired to Bury St. Edmunds. He died peacefully on 8th April 1999.

Mary Pennock

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GUY'S

Guy's, King's &
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Schools

Gazette



September 1999

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Recollections of the thirties

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GUY'S *Gazette*

September 1999

Volume 112 Number 2484 ISSN 0017-5870

290 Passim

292 Letters

Women in Medicine

294 News

GKT President welcome,
New facilities at Guy's

301 Looking Glass

306 Research Front

Cochrane Collaboration

309 Weakending

314 Features

Tomorrow's Doctors and
Dentists, Lessons from
History, A student at Guy's

326 Nursing Notes

328 Reviews

Lecture Notes in
Neurology, Video
Casebook: Medicine,
Neuroscience at a Glance

332 Sport

Guy's Dental Society Golf

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Passim

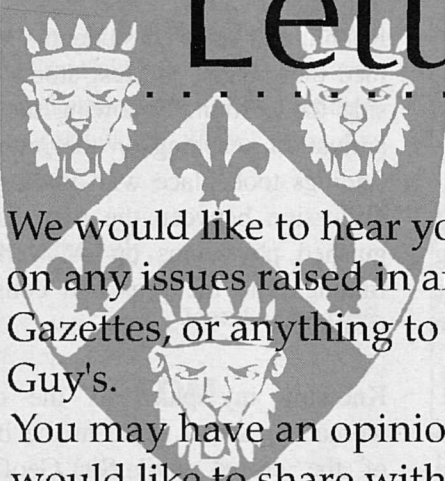
A warm welcome to those that have been away and to those that join us for the first time. The Guy's Campus now has unprecedented opportunities to meet a wider range of people with hundreds of students on campus. Luckily, with the return of the park, and a new coffee lounge and bars, there are actually places to socialise as well!

Sadly, this coincides with another event of equally monumental proportions - the closure of Guy's Accident and Emergency department - sorry, I mean the opening of a new minor injuries unit. The news team, are feverishly preparing a feature for the next issue as I write. We hope to try and shed some light as to how this change will affect both trust and student activities. Tim Matthews, Chief Executive of the trust will submit his contribution in the near future.

I am pleased to say that despite the redevelopment of Boland House, and subsequent relocation of various student organisations, I am assured that the Christian Union, Islamic Society, the Student Medical Education Committee, and the student welfare officer have all found (or been promised) new homes dotted around the campus. In fact, the only occupants of Boland House in the dark about where they are going is us! By the time you read this we will have been moved to a temporary location until Christmas, when we move again. To our manager's vehement insistence that deadlines and correspondence meant we needed more concrete information, was the reply "you have no choice".

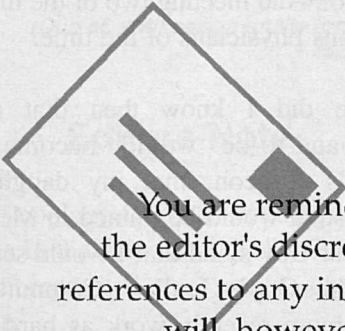
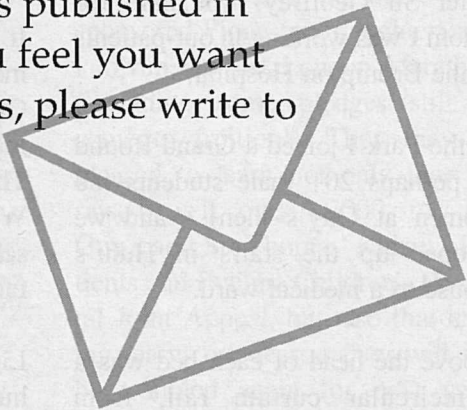
I am sure this is merely an oversight.

Letters



We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.



You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



Women in Medicine

Dear Sir,

I have read Dr W Mann's reminiscences of his time as a student at Guy's with great interest, recalling as they do my own memories of my student days at the Royal Free Hospital in the late 1930s.

The recent article "Walk like a Man" prompts me to describe a visit I made to Guy's in 1940. I went by invitation of Dr Geoffrey (later Sir Geoffrey) Marshall, for whom I was working in out-patients at the Brompton Hospital.

In the Park I joined a Grand Round of perhaps 20+ male students (no women at Guy's then) - and we trooped up the stairs in Hunt's House to a medical ward.

Above the head of each bed was a semicircular curtain rail, from which hung a heavy striped curtain, capacious enough to be pulled over the bed and around two or three persons at the bedside.

While Sir Geoffrey and Dr Witts, the visiting consultant for the

Round, and selected students examined the patient, the rest stood outside the curtain. Following the examination, teaching on the relevant findings took place with interesting discussion between the two distinguished physicians on the various findings and the pros and cons of treatment.

Knowing my place as the only woman present I stood at the back of the crowd until Sir Geoffrey summoned me "Miss Grant come and examine this patient".

It was a memorable afternoon for me. My first visit to the famous Guy's Hospital. My first round with male students - my medical school, The London School of Medicine for Women (RFH) being an all-woman school. And meeting two of the most famous physicians of the time.

Little did I know then that my husband-to-be would become a Guy's surgeon, that my daughter Christina would be trained in Medicine at Guy's and that I would serve on the Guy's Ladies' Committee, and more recently work as hard as possible for the "Save Guy's Campaign".

September 1999

GAZETTE LETTERS



I wish the new GKT school a great future, retaining the high standards of professionalism and common sense for which Guy's was so famous.

Yours faithfully,

Jean Lawrie CBE

PEOM

I note with glee

Your monthly plea

For peotry

And raise aloft a sparkling Meot

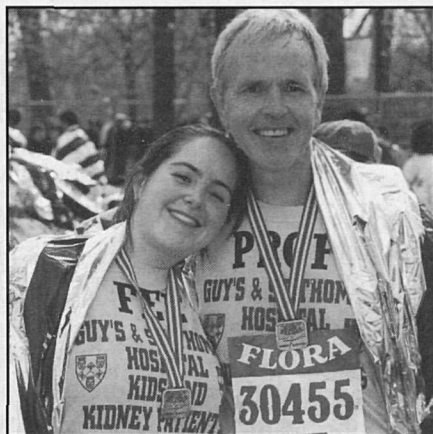
And drink to every living peot.

A Peot

*(One of, until now, a totally ignored
faction)*

Editors Note

We apologise for the spelling mistake in the July issue of the Gazette that prompted this poet's submission.



Dear Sir,

I should like to make use of your columns to thank all those who sponsored Fiona (my daughter) and I to run the last London Marathon (including some pledges still to come to fruition!). They may be pleased to learn not only that we raised well over £2000 for the Guy's and St. Thomas' Kidney Patients and Evelina Children's Hospital Joint Appeal, but also that having learnt our lesson they will not be troubled again for next year. Actually it really was quite an experience so after next year who knows?

Yours faithfully,

Stephen Challacombe



Cannabis supplier acquitted

The UK government faced calls to legalise the medical use of cannabis last week after a man who set up a co-operative to supply the drug for pain relief

was acquitted by a jury. *BMJ* 1999; 319: 278 (31 July).

A doctor who supplied cannabis to her daughter was cleared by a jury in 1993, but this case was the first to involve supply for medicinal purposes by someone without medi-

cal qualifications. Colin Davies, aged 42, who started growing cannabis after suffering severe spinal injuries in a fall, was found not guilty at Manchester Crown Court of cultivating, possessing, and supplying the drug.

Regular doses of worms

might rid people of inflammatory bowel disease, say researchers in Iowa. They believe this distressing condition, which is increasingly common in the developed world, is caused by the absence of intestinal parasites.

Joel Weinstock and his colleagues at the University of Iowa have already fed six sufferers eggs that hatched and developed into parasitic worms. Weinstock gave each patient a drink containing microscopic eggs of a species of intestinal worm that doesn't normally infect people. Although these worms can survive in the human gut, growing to about 1 centimetre, they cannot reproduce and are eliminated after a couple of months. Five of the six patients went into complete remission after two weeks of treatment and a full scale trial is to be planned later this autumn.

Viagra works on flowers

Viagra (sildenafil citrate), unsatisfied with curing male impotence, is trying its hand at

giving the plant kingdom a boost. Israeli and Australian researchers have discovered that small concentrations of the drug dissolved in a vase of

water can also double the shelf life of cut flowers, making them stand up straight for as long as a week beyond their natural life span. *BMJ* 1999; 319: 274 (31 July).



Bad fruit

In the French West Indies, there is thought to be a high percentage of atypical Parkinsonism and progressive supranuclear palsy (PSP). There is a possible association with consumption of herbal tea and fruits of the Annonaceae family (e.g., custard apple and

pawpaw), which contain neurotoxic alkaloids. Dominique Caparos-Lefevre and colleagues assessed all patients presenting to the department of neurology in Guadeloupe over a two year period, classifying patients as having Parkinson's disease, PSP, or atypical Parkinsonism, and assessing their tropi-

cal-fruit and herbal-tea consumption. They confirm that there is an over-representation of patients with PSP and atypical Parkinsonism, and that chronic exposure to neurotoxic alkaloids, found in tropical fruit and herbal tea, could be an important aetiological factor

Worn out

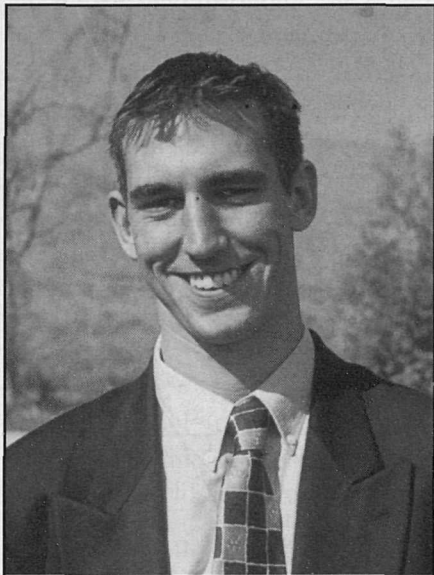
A recent study reported in the New Scientist, suggests that football players are especially prone to arthritic knee injuries triggered by sexually transmitted bacteria. The study, a masters dissertation completed by Paul Oyudo when he was a student at Queen Mary and Westfield College in London, analyses the cases of ten sportsmen with persistent knee injuries. Of the ten, six were footballers and five of these played in the Premiership, England's top soccer league.

While most footballers' injuries are sustained on the field of play, the cases studied by Oyudo involved sexually acquired reactive arthritis, or SARA. On average, each of the five Premiership footballers had spent eight months struggling with their knee injury before being diagnosed with SARA.

"The level of promiscuity among these sportsmen calls for concern," Oyudo wrote. "Footballers appear to be the greatest culprits."

NEWS.

GKT vice president welcome



It is with a great amount of excitement and a small amount of intrepidation that I approach the next academic year and the start of my term 'in office'. The merger with King's College London took place last August when the school of GKT (Guy's, King's and St. Thomas' School of Medicine, Dentistry and Biomedical Sciences) was created. It is not until this September, however, when the already merged dental intake is joined by the largest medical intake in the country and the arrival of the Biomedics from

Kensington and Chelsea, all to be based on the Guy's Hospital campus that the changes will really come into effect.

The physical layout and buildings on the Guy's 'Supercampus' appear to be very impressive and I doubt there will be a single student or member of staff who will not be overjoyed at the return of the grass to the memorial park. New Hunts House not only looks striking but contains superb facilities including two high-tech lecture theatres, a bright and spacious library/information center, and ample teaching and laboratory space. The redevelopment of Boland House will aim to create a true Student Union for the GKT students with facilities that will make every other Medical or Dental School jealous. A pleasant, comfortable Bar, a revamped 'Spit' restaurant, a spacious coffee lounge, two shops and a designer nightclub will provide a welcome change and hopefully give the site an even more vibrant feeling.

Not surprisingly there is a lot of agitation and concern about the significant changes taking place both from current students at the Guy's

site and also the returning biomed-ics who are having to relocate. As the old students from Guy's and St. Thomas's will confirm there was something special about the Hospital sites pre-merger. Perhaps this stemmed from the students' vast enthusiasm and pride in various aspects of their college, whether it is through sport, academically, socially, producing hilarious Christmas shows or raising phenomenal amounts of money in Rag week.

I believe that a lot of this may have been due to the small size of the college pre-merger, the traditionally vibrant and friendly atmosphere where its small size allowed people to know each other. Finally the necessity of escape from incredibly arduous courses allowed an unspoken motto of 'work hard play hard' to be essential. The students of King's College Hospital, being in a similar situation, would I'm sure agree with what I have said. But, why should all the benefits of the previous institution be lost as it is assumed will happen by many? It is my hope, and indeed what I feel it is my job to facilitate, that through the school of GKT we can expand on the community spirit that was pre-

viously apparent rather than destroy it. Surely it is students of Biomedical Sciences above all types that are the least dissimilar to the Medics and Dentists who so often are described as being different. They too have to put up with specific labours such as dissecting cadavers. More specifically, my informed belief is that the students previously based at Kensington and Chelsea had little in the way of active bars or social activities and once away from the Strand lost interest in what their college could offer them and consequently what they could offer their college. It is no coincidence that the committee at the Guy's site was the only one to be completely filled and that my position as the sabbatical officer for GKT VP was by far the most fiercely contested.

GKT is only a school of King's College London and is not and will never be a legally recognized entity in itself. It does however have its own sports teams that achieve unexpectedly good results, it has its own events program and Freshers' Week, and above all it has a great atmosphere. Through this I would like to encourage the Medical and Dental Students currently based on site to



welcome and integrate the newcomers and ask the Biomedics to throw themselves whole heartedly into a thriving community. In this way I guarantee that over the years the students of GKT will continue to leave with many special memories and a great deal of pride in the institution in which they were educated.

Ben Thorpe

If you have any queries you can find Ben's office on the first floor of Boland House or you can contact him on Guy's extension 3990.

New Facilities on the Guy's Campus for the GKT Schools

Anyone who has visited the Guy's site recently will be aware of the enormous amount of building work that is underway to create new and refurbished facilities for the Guy's, King's, and St. Thomas' Hospitals School of Medicine, Dentistry and Biomedical Sciences. With a few minor exceptions, these facilities will be ready when the new intake of students arrives in September.

The largest and most impressive

development is New Hunt's House, due to be handed over to the College on the 16th of August, with some early moves of equipment from the 2nd of August. The building consists of teaching space on the lower floors and research accommodation on the upper floors.

There are two large lecture theatres on the ground floor of Hunt's House, one with 340 seats and another with 200 seats. Both will be equipped with all modern AV facilities and the 340 seat theatre will also have data and power supplied to each seat, for laptop computer use. Also on the ground floor is a lounge area that will contain a kiosk selling snacks and office supplies, four classrooms and a PAWS room. A total of seven multi-purpose teaching labs, built to accommodate either thirty or sixty students, are also found on the ground and first floors of the building.

The library or Information Services Centre will be located on the north end of the first and second floors but access will be from the first floor only. Two further PAWS rooms are associated with the Information Services Centre, one on



New Hunt's House facing Guy's Tower (NSC)

each floor.

There are two and one-half floors of research labs, housing the Developmental Neurobiology Research Centre, the Molecular Biology Research Group, the Randall Centre for Molecular Mechanisms of Cell Function, the Endocrinology and Reproduction Research Group, the Metalloprotein Research Group, the Vascular Biology Research Group and the Neuroendocrinology Research Group.

Shepherd's House was the first building to be completed and occupied, with most residents in place by May of this year. The basement, ground and first floors contain the Chantler Clinical Skills Centre, and the upper floors house the School of Biomedical Sciences Division of Physiotherapy and Human Physiology and Aerospace Research Group.

Henriette Raphael, formerly a residential building, will be the main



reception area for the site and will also contain a number of functions important to students such as the welfare office, the loans office, the chaplaincy, a restaurant, and site support offices on the ground floor. The School of Biomedical Sciences Academic Centre will be located on the first floor and the GKT Medical and Dental Registry will be located on the second floor. These two offices are already up and running, but access is currently via Shepherd's House until the entrance to Henriette Raphael is completed in August. The upper floors will contain some additional office areas, including Health and Safety, and also a variety of classrooms and seminar rooms and the Physiotherapy practical labs.

The Hodgkin Building will remain a teaching and research building but many of the occupants will change when colleagues from Kensington and Chelsea move to the Guy's site. All existing teaching facilities remain and a new dissection room will be built in the basement to cope with the additional demand. The research groups that will be located there are primarily associated with the

Centre for Age-Related Diseases and the Centre for Neuroscience.

The Greenwood Theatre on Weston Street will be refurbished over the summer to incorporate a new lecture theatre plus social facilities for students.

The College is putting a lot of effort into making it as easy as possible for staff and students to find their way around all these new facilities. A new signage system including orientation plans will be installed in all of the buildings mentioned, and a leaflet to help newcomers find their way around is also being produced. The College reception areas in Henriette Raphael and New Hunt's House will be manned by staff able to answer questions and give directions to all teaching areas.

Lynn Carlisle
Senior Assistant College Secretary

September 1999

Looking Glass



Welcome to the rest of your life





Welcome to the Rest of Your Life

It's Tuesday morning 10am. There are eight of you crowded around a slightly bewildered looking patient. "Right each of you! Give me a cause of clubbing." The consultant booms, and one by one everyone answers. Invariably, you will be the last person in the row, writhing internally with the agonies of *Damn-I-was-going-to-say-that-if-only-I-was-first* syndrome, followed closely by *How-the-hell-do-they-all-know-this-have-they-been-up-all-night-working* syndrome.

All too soon it is your turn. The consultant rests his beady eye on you, along with the rest of the firm, who have already confirmed their entry into an esoteric group with the consultant. The patient is looking at you wondering what other ghastly disease he could possibly have and you feel a strange sense of camaraderie with him. It's you and the patient against this bunch of *know-it-alls*. You look blank. Your time is up. The consultant grins and looks around the group. Your moment in the spotlight has thankfully

passed. Someone volunteers the elusive last answer, which you knew all along before your brain had momentarily seized up. You receive a sympathetic look from your clinical partner and possibly the patient (which makes you feel really pathetic because you should be giving him sympathy), before following the herd to the next patient.

Sound familiar? Of course not - you haven't had clinics yet. I've painted a somewhat terrifying picture with this scenario, but there are reasons for this: a) a story is pretty dull without hyperbole, and b) I have a point to make.

I was asked to write an article about the First Clinical Firm and I thought I'd firstly pass on the most valuable lesson I've learnt this year.

At the end of each firm you will have an evaluation with your firm head. In my first evaluation my consultant (he of the disarming grin) said, "You are perfectly pleasant (somehow I knew that was not the compliment it should be), and probably in the top third of the



year group academically (gee, thanks. I knew there was a “but” coming) but (knew it), you don’t shine.”

This was a blow. My self-image as the quietly confident yet assertive (Lucy-from-ER type) medical student was shattered. I was never going to be like Lucy (there are also no Carter-types around to train us.....but I digress). Even if I was confident, being quietly so was not good enough. I had to be LOUDLY confident.

So, here’s the advice. In the scenario above, when asked a question, don’t put so much weight on being right. Be confident. Be cool. Say what you know, or make an intelligent guess. Don’t let your brain seize up. Worst case scenario 1: Consultant collapses with laughter at the stupidity of your answer. You have thus performed an admirable public service and given your poor consultant the only enjoyment he gets away from the golf course, his trips to India etc...This will also provide the impetus for you to do some reading. Worst case scenario: 2: Consultant shouts at you. Rest assured this almost never happens

(except with a few legendary consultants), and so what if it does? Most doctors do not teach by ritual humiliation now. Remember this is the era of medical education when we discuss our “fears, hopes and expectations” at every opportunity. Chances are the doctor will tell you you are wrong, and then tell you why you are wrong (tip: look like you are hanging on his/her every word at this stage).

Using the loudly confident approach you have accomplished many things: 1) You have learnt something new, 2) Shown you are confident and made your presence felt 3) Shown you are alert and listening and 4) Given the doctor a chance to show off his/her knowledge. Brownie points galore!

Obviously, there are potential pitfalls so you have to do some work so that you are not guessing all the time because that looks bad as well. Competitiveness within the firm may rear its ugly head and before you know it everyone is trying to talk over each other while your frail ninety year-old patient and your consultant looks ready to cry. This is not the way to implement the



technique or cultivate a confident demeanour. Do not jump into the fray. Wait for gaps in the conversation and then firmly volunteer information (I know it's not polite, but this is a world where being "perfectly pleasant" is not a good thing).

I think most people have enjoyed their first year of clinical teaching. Clinics are a breath of fresh air (purely metaphorically, the wards usually smell quite bad), after the pre-clinical years. I came on to the wards with the blood of thousands of innocent cells that I had killed during my BSc. project (due to poor sterile technique) on my hands, and I was now ready to learn to heal. You will probably have a few people on your firm you don't know very well, and so it's a great opportunity to make new friends (how sweet). The timetables can be relaxed and your learning is very self-directed, so it can be easy to fall into the trap of doing no work to begin with, and it's great. The library becomes relegated to the status of 'The place to check e-mail', and look out for friends. Oh, those were heady days, but they don't last long, so it is probably

best to keep the work slowly ticking over so that you are not up the proverbial creek without a paddle four weeks before an exam wondering why you are writing an article for Guy's Gazette (!!).

To go back to my original point, you will have a great time doing clinics - after all, this is why you are at medical school, but to have the right attitude is as essential as a stethoscope and the "cheese & onion" Oxford handbook. So much of the impression you make in clinical medicine depends on how you present yourself. You don't have to be the loudest person around, but you do have to show that you can think on your feet and are not intimidated. Doctors are not mind-readers. They won't know if you know the answer to their questions unless you tell them. It may seem unfair to the quieter ones amongst us, but as a doctor you will have to be able to inspire confidence in the patient as well as your colleagues. Welcome to the rest of your life.

Shazia Khan



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RESEARCH FRONT

The Cochrane Collaboration is an international organisation that aims to provide healthcare professionals and consumers with access to reliable, unbiased up-to-date information about the effects of healthcare interventions. The product of this research is called a Cochrane systematic review. These reviews are published quarterly in the Cochrane Library, available on CD-ROM and the Internet (see end of article for address). Electronic publication allows the database of reviews to be regularly updated ensuring the most up-to-date evidence is available to users of the Library.

There are approximately fifty Collaborative Review Groups within the Collaboration, covering all the important areas of healthcare. The Neuromuscular Disease Review Group was officially registered with the Cochrane Collaboration in March 1998. Our membership includes over 120 researchers, healthcare professionals and consumers from around the world who share an interest in developing and maintaining systematic reviews relevant to neuromuscular disorders.

The editorial office of the Cochrane Neuromuscular Disease Review Group is based at Guy's Hospital (see below for postal address), London, UK. Our editorial board is both multinational and multidisciplinary. We plan to expand the board as the need arises and ideally we would like to recruit a non-physician and possibly a consumer representative. A consumer is defined as a person and/or a representative of a relevant patient organisation with experience of a neuromuscular condition. Current members of the board are:

Editors	Speciality	
Professor Djillali Annane	Intensive Care	France
Professor Richard Hughes (Co-ordinating editor)	Peripheral neuropathy	UK
Dr Robert Miller	Motor Neuron Disease	USA
Dr Michael Rose	Muscle disease	UK
 Group Co-ordinator		
Louisa Dunn		UK



Our scope covers the whole of neuromuscular disease. We aim to provide systematic reviews of all aspects of the management of neuromuscular conditions ranging from prevention, through acute management to interventions such as stress relaxation, meditation and rehabilitation. A full version of our scope and reviews in progress can be found on the Cochrane Library or by contacting Louisa Dunn at the editorial base.

In order to ensure that the systematic reviews we produce are useful sources of information for both specialist and non-specialist readers we would like to include consumers in all aspects of our work. Both Mr Roland Price, Honorary Chairman of the Guillain-Barré Support Society and Dr Joel Steinberg of the Guillain-Barré Syndrome Foundation International have joined the Group as consumer representatives.

We feel that there are mutual benefits to be enjoyed from consumer participation. For example, members of patient organisations can be informed of the outcomes of reviews and trained how to use the Cochrane Library to access the information they require. Thus helping them to make better-informed decisions about the choice of interventions available.

We would welcome the contribution of consumers in the following areas;

- Identifying problems and benefits of healthcare interventions, which may not be obvious to clinicians and researchers
- Improving the readability of reviews by refereeing or appraising protocols
- Helping us to prioritise review topics and consequently direct plans for new reviews
- Searching medical journals by hand to identify reports of randomised controlled trials.

If you feel that you could contribute to the valuable work of our Group or would like any further information about the Neuromuscular Disease Review Group please contact;



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Department of Clinical Neurosciences
Guy's, King's and St Thomas' School of Medicine
Hodgkin Building
Guy's Hospital
London
SE1 9RT
UK

USEFUL SOURCES OF INFORMATION

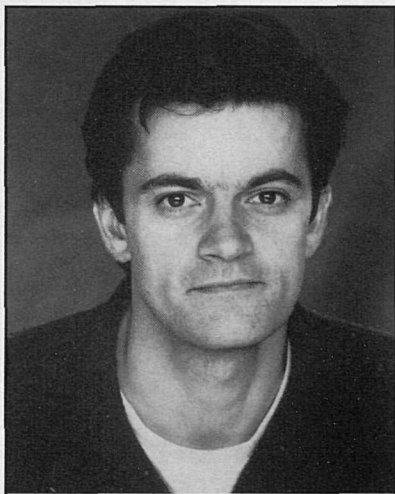
Internet

The Cochrane Collaboration has an exhaustive website
<http://www.update-software.com/ccweb/default.html>

The Cochrane Library

Is available in many libraries and through NHS hospital intranets.
Subscription cost £120 per year for which you will be sent the CD-ROM
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We're having the loft converted (which rather depressingly puts me somewhere between 34 and 38) and while clearing out, I came across some boxes of old medical textbooks and notes. The A4 notes (15½ inches tall when stacked) were all the notes that I had made to pass Finals.

Incidentally, "Finals" was a system whereby you could stop working at the end of the second term of the second year and pick up the reins when you got back from your elective in the January before you graduated. These days, I believe, they have some continuous assessment thing that means you have to work throughout the course. Quelle horreur!

Anyway, I threw them all out because they were so out of date: half a page on the "new" Human Immunodeficiency Virus, treating jaundice by moving patients into the hospital gardens, Fleming discovering Penicillin over in Praed Street, etc.

I digress. It was while browsing through my old medical textbooks that I found the dissection manual that I used during my first two years at Guy's. I smelt the pages - that unmistakable whiff of paper and formalin - and I was immediately taken back to the dissection room and the memories of that time: all because of the smell.

I remembered the layout of the room, the pattern on the damp curtain that we used to cover the cadavers with afterwards, skiiving the entire lesson and timing my entrance to coincide with the signing of the register at the end. I even remembered that pervy technician who used to walk around the Gordon Museum looking up girls' skirts as they walked around the higher galleries.



Actually, can I make a suggestion that they put a sign up on those galleries? Something like:

WARNING!

If you are wearing a skirt and the angle is correct, students sat at desks on the ground floor of this museum may well be able to look up and see your pants.

I digress. My point being that isn't it just amaaaayzing how all these memories were triggered merely because of the smell of my dissection manual? If I were Thomas Hardy or David Tong, I would no doubt use this experience to write a poem about the relentless march of time, and how a seemingly insignificant event like smelling the pages of a dissection manual could fill my sad and ageing mind with memories of long-forgotten days. But I'm not.

Most people can equate important moments or periods of their life with pieces of music, and even if you can't, then it's worthwhile making a list so that you've got something to give Sue Lawley if ever you're invited onto Desert Island Discs.

It turns out that there is a name for the way that evocative smells can provide a sharp new focus to the oldest memories. The effect is known as "The Marcel Proust phenomenon" after the novelist had dipped a Madeleine biscuit into his tea, finding that the aroma brought forth a flood of vivid recollections from his childhood. So, not only is that something educational for you all, but also a great idea for Radio Four: Desert Island Smells.

Right, crashing on to the end of the column about smells. I'll start then...

SMELLS THAT REMIND ME OF MY CHILDHOOD

Wet swimming trunks



The inside of a ping-pong ball
Glowing splints (as in 'oxygen relights a glowing splint')
Ink (specifically 'Quink')
Diane Wozniak's chair
Goats (our school kept them)
Ponds (as in "let's-throw-Gardner-in-the-school-pond" ponds)
Fresh rain on hot asphalt (Someone once told me that this smell is due to fungal spores being thrown into the air by the rain)
Soggy mouthpieces of wooden recorders
Blackboard dusters
Wet football boots left in a plastic carrier bag for seven days

SMELLS THAT REMIND ME OF GUYS

The Bar
Formalin
The pages of Guyton's Textbook of Physiology
The Wills Library (especially the Periodicals Room - in particularly the photocopiers)
Cheddar cheese and Branston Pickle sandwiches (I had a landlady in Catford who served this as a bedtime snack every night for a whole year - hence my aversion to them)
John Bull Bitter (now some of you may argue that this is not strictly a smell but a taste - but I know several people who could detect this nasally at a concentration of 15 parts per billion on a windy day)
The inside of those massive tumble-dryers in Wolfson (don't ask).
Wolfson House
'Cat-Piss Ron's' (the shop in between Arnold and St John's Estates)
The toilet in 4 St John's Estate after Farmery had been in there
The tin baths at Honor Oak Park
That weird, acrid smell when you walk in the underground corridors
Poppadums (this may be puppadoms, or even poppadoms, but definitely not puppadums)



Dentists

The inside of a Spirochaete's minibus

Wet football boots left in a plastic carrier bag for seven months.

SMELLS THAT REMIND ME OF BEING A HOSPITAL DOCTOR

Care of the Elderly Wards

Hospital linen in On-Call rooms

Amniotic fluid

ECG electrode jelly

Egg mayonnaise sandwiches wrapped in clingfilm

Mediswabs

Vernix

Mortuaries

Parenterovite

X-ray films (and consequently radiographers, I suppose).

SMELLS THAT REMIND ME OF BEING A PARENT

Puke

Possett

Pooh

Nappy sacks

The whiff when you open that nappy bin

Infacare, Infacol, Infamy, Infamy, they've all got it infamy

Sudocream, metanium, vaseline (all the creams really)

Gripe water

Infacol

SMELLS MY WIFE CAN SMELL THAT I CAN'T

My early-morning breath at about 250 yards

The rubbish bin in the kitchen

September 1999

WEAKENDING...



My feet

Something slightly off in the bottom of the fridge

Dog pooh on somebody's shoe at about a quarter of a mile

Sausages which are on the turn (although this may take several minutes of hard sniffing to confirm)

Whether I've brushed my teeth before going to bed or not

Upon walking into a room, whether I've done an air-biscuit in there within the last three hours

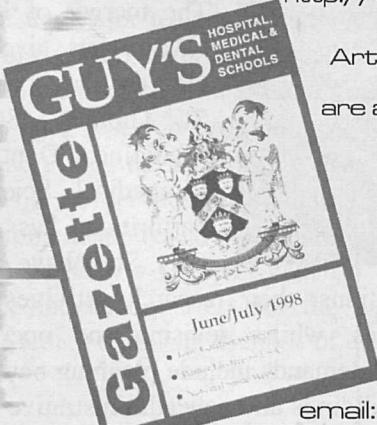
Someone's smelly armpit from a point halfway between here and the sun .

Tony Gardner

GUY'S

Gazette Online

<http://www.umds.ac.uk/guys-gazette>



Articles from the Guy's Gazette are available to all on the Internet. Features from the monthly journal plus links to other sites can be found at the above address.

email: guys-gazette@umds.ac.uk

New Website

Gazette online has undergone a long awaited revamp. Check out selected features, on-line exclusives, and useful links. Please let us know what you want on the site.

FEATURES.

Tomorrows Doctors and Dentists



As a Paediatrician I am well aware that the most difficult moments of life are the first few minutes, (though a medical student once remarked that the last few were also pretty tricky). The merger of King's and UMDS has given birth to the new Guy's, King's and St Thomas' Schools of Medicine, Dentistry and Biomedical Sciences. The parturition has not been easy. Staff have had to con-

tinue with their teaching obligations, their research activities and their clinical and administrative duties, whilst devising and operating new structures and systems. The extra demands include planning new curricula, new research associations, new buildings and new administrative structures. Many staff have had to change both their role and their place of work. Our colleagues in administration have, in effect all had to reapply for their jobs, and whilst we strive for fairness in this process, this means that the final determinations have been delayed. All this adds to the uncertainty for people already having to work under considerable pressure.

All this was to be expected, and some may well ask why did we do it and will it be worth while. Both King's and UMDS urgently needed to resolve problems with the accommodation of their research and teaching activities.

'In 1999 all these problems have been resolved with the wonderful new accomodation'

Both teaching and research require teams of people to work together and the members of the teams and the individual teams have to be able to meet to exchange ideas. For UMDS this was difficult with Physiology and Pharmacology on one site and Anatomy and Biochemistry on the other, whilst at King's the Biomedical and Health Sciences were distributed on four diffecent sites. In 1999, these problems will have been resolved with the wonderful new accommodation being developed at the Guy's and Waterloo Campuses.

Medical and dental student education in London developed around the activities of the major teaching hospitals whilst the clinical and laboratory research related to medicine tended to be concentrated in specialist postgraduate hospitals and institutes. Thus, whilst both King's and UMDS developed major research programmes in medicine and dentistry over the last generation, they did so from an insufficiently large base in Biomedical Sciences. The merger has enabled this problem to be resolved, bringing together biomedical researchers and teachers on the Guy's Campus which will also be the headquarters for the School of Medicine and the School of Dentistry.

'Both King's and Guy's developed major research programmes in medicine and dentistry over the last generation'

Our vision to be a world leader in Health and Life Sciences can only be realised if we develop and retain excellent individuals and teams and attract individuals as appropriate from other institutions. The sense of excitement that we all feel at the creation of the Guy's, King's and St Thomas' Schools



(GKT) is now beginning to work in this way and we have been delighted to welcome this October our new Glendinning Professor of Immunobiology, Professor Adrian Hayday, who comes to us from Yale. He has been awarded a programme grant of £2 million from the Wellcome Trust. Already we have five MRC co-operative groups approved: in developmental biology; in genetics; in molecular mechanisms in neurodegeneration; in immunology against HIV; and in asthma and allergy.

The merger is not only beneficial for research but is also crucial to the development of our teaching programmes. A narrow training in the application of medical technology from the age of 18 is no longer an adequate foundation for the practice of medicine. Tomorrow's doctors need to have a deep understanding of the human condition and the role of medicine in society. They need to have access during their education to ideas and to people outside the narrow biomedical field. All this can now be achieved, particularly within King's College with its strong Schools in the Humanities, Law and Education.

'Tomorrow's doctors need to have a deep understanding of the human condition and the role of medicine in society.'

We also have unique opportunities for interdisciplinary education. Doctors and nurses have to work together, therefore it is sensible for them to learn together, where appropriate, and a close association between the Medical School and the Nightingale Division of Nursing, which in 1999 will become a School in its own right, is very important.

The third important reason why we can view the developments positively, concerns administration and the technological infrastructure necessary to sustain our teaching and research activities. Again, bringing together people and resources from the two institutions has enhanced our capacities. But running a large multi-faculty university is a different task from managing

smaller colleges. As the late Professor Andrew Rutherford, a former Vice Chancellor of the University of London, once remarked, 'The business of a university is not university business.' Merger has given us the opportunity to reorganise the university business systems, with the development of a decentralised model of management for the Schools and a new financial and administrative structure to support the Schools in their task.

This leaves the central administration to concentrate on strategy whilst ensuring close links with the Schools so that the centre does not become disconnected from the main activity of King's delivered by the Schools.

We have survived the first critical period of our existence, largely because of the hard work and good humour of all concerned. But we have got a long way to go before we realise the ambitions that I have described in this introduction. However, we are on our way.

Reprinted from Comment Magazine - KCL external relations

Cyril Chantler
Dean of GKT



Lessons From History- *YOUR TEACHERS AREN'T ALWAYS RIGHT.*

In 1874 the distinguished surgical teacher, John Ericson, at University College Hospital wrote; 'The abdomen, chest and brain will forever be closed to operations by a wise and humane surgeon.' Worse still, the even more famous surgeon, Theodor Billroth, one of the fathers of modern scientific surgery, wrote a few years later 'A surgeon who tries to suture a heart wound deserves to lose the esteem of his colleagues.' Of course, how wrong they were! Surgeons are practical, pragmatic, down to earth doers rather than thinkers, so they are not really very good at looking into the future. In fact, very few of their predictions have stood the test of time; so don't trust their forecasts!

If I seem hard on my surgical heroes of the past, let me say that your non-surgical teachers have got almost as bad a record. Sir Roy Calne, the father of organ transplantation in this country, (and incidentally a Guy's student), recalls hearing the great Sir Peter Medawar lecturing in the early 1950's on his discovery that the rejection of tissues grafted between animals was an immunological phenomenon. A member of the audience asked Sir Peter if he could envisage any practical spin-off from his discovery; 'none at all', the great man replied, 'it is entirely a finding of great academic interest.' Today, the whole of the clinical organ transplant programme is firmly based on Medawar's work!

So, my advice to my students is this; Do not be put off your brilliant ideas; take your teachers' predictions with a pinch of salt. All of them, that is to say of course, except mine.

Harold Ellis CBE, FRCS.
Department of Anatomy



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- ✓ *Medical Pharmacology aag*
- ✓ *Immunology aag*

Lecture Notes on...

- | | |
|---|---------------------|
| Human Physiology, 4e | Dermatology, 7e |
| Tropical Medicine, 4e | Neurology, 7e |
| Respiratory Medicine, 5e | Obs & Gynae. |
| Emergency Medicine, 2e | Urology, 5e |
| General Surgery, 9e | Psychiatry, 8e |
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A Student at Guy's

Recollections of the Thirties

OBSTETRIC DRESSER

Queen Victoria Ward, on the First floor of Hunt's House was divided into two parts: the first, on entry, was Queen where the gynaecological beds were; the further half - Victoria - was the obstetric ward. Off the central hall, looking over Great Maze Pond, was the theatre. Queen was ruled by Sister Queen - an excellent nurse but a formidable figure who demanded high standards and who did not suffer fools gladly. She certainly terrified me. The wards were managed by the Resident Obstetrician; a rather senior resident who had already held the ordinary run of house appointments. It was a rule of the hospital that the junior member of the honorary obstetric staff should live in St Thomas' street so that he could be called to the hospital in an emergency. This admirable arrangement certainly carried on into the fifties. In my day, the junior obstetrician was Mr McNair. Called urgently in the night, he would arrive surprisingly quickly, but fully and neatly dressed with starched shirt-cuffs. He would do what needed to be done. He spoke few words; sometimes he would not speak at all until he had been escorted back to the front lodge. No member of the staff ever wandered about the hospital by himself; he was always attended by his house officer from the moment he arrived at the Front Lodge until the time of his departure.

an excellent nurse but a formidable figure who demanded high standards and who did not suffer fools gladly.

Apart from attending deliveries in the theatre, the dressers did not have a great deal to do with the patients in the labour ward; the pupil midwives



Normal healthy women who were having second or subsequent babies were delivered on the Guy's District in their own homes.

held the dominant place. Most of the women admitted were either women having their first babies, or those who presented obstetric peculiarities which might make labour difficult or hazardous. There were also patients admitted late in pregnancy with toxæmia or incipient eclampsia - a condition first described at Guy's by the effervescent Lever a hundred and fifty years ago. Normal healthy women who were having second or subsequent babies were delivered on the Guy's District in their own homes. The area to the East of the hospital - the Bermondsey side - up to about a mile away, was the part served by the obstetric dressers who became "externs" for the period they were on call. The Southwark side, to the West, was the preserve of the pupil midwives. Even so, there were not enough patients to provide all the students with the statutory number of confinements, so some were sent to Dublin where, at the Rotunda or the Coombe, they found no shortage of material.

The high point in the life of an obstetric dresser was the two weeks or so passed as an "extern". One's qualifications for this post were not extensive perhaps no more than having been present at two or three deliveries in the ward which may, in some cases, have shown unusual features. Indeed, there was the story of the extern who had only once seen a child born, and that a breech. Being presented on the district with a normal vertex delivery, he sent a hurried message to the R.O. It read, "Baby coming wrong way. Please advise." However, I do not recall any serious mischance on the district and delivery in the home greatly reduced the chance of puerperal fever, a risk of institutional delivery.

'Baby coming wrong way. Please advise.'

As an extern, residence was provided in the College. The first room on the



right past the porter's lodge was the externs' sitting-room. On a shelf was a row of enamel chamber-pots, each with an extern's name on a label below.

*'The painting of the
bicycles in our colours
was a wise precaution.'*

If the pot were the right way up, that extern was available and on call, if inverted, he was out. The porter then quickly knew whom to call when a husband came to the College because

he believed his wife was going into labour. He had with him a blue card with the name and address of the patient on it. The blue card had another function which will be explained later. The porter called the extern and gave him the card. In the quadrangle of the College was a row of bicycles painted all over in blue with orange stripes - the Guy's colours - and on each carrier a black obstetric bag with gloves and antiseptic, scissors and thread for the cord, and some ergot, but no forceps. The painting of the bicycles in our colours was a wise precaution. All the Boro' knew they were the Guy's externs' bikes and they would never be touched, in whatever dark alley or tenement they might be left.

My own first case was in Page's Walk, in rooms on the first floor of a poor house which has long since been replaced by a block of flats. The scene was, to me, unforgettable. There was a bed in the room on which lay the woman in the early stage of labour. I had been called about nine in the evening. The floor and the bed were decently protected by being spread with sheets of clean newspaper. On the kitchen table, also spread with newspaper, was a washing-up bowl and in a corner on a gas stove was a big kettle gently on the boil. One was not alone, because the extern had the assistance of the "gamp". There was a corps of gamps in the Boro' and no doubt there were coveys, or perhaps covens, of them throughout the metropolis. They had no formal qualifications of any kind, but they had some practical knowledge of the matter in hand, having been present at many lyings-in in the past. They were employed and paid by the family to be of some general use to the "doctor", to wash the baby and to clear up afterwards. The name, of course derives from Mrs Sarah Gamp in Martin Chuzzlewit. I regret to see that the



They had no formal qualifications of any kind, but they had some practical knowledge of the matter in hand

O.E.D. describes the gamp as a "monthly nurse of disreputable type". I do not think the Boro' gamps were at all disreputable - on the contrary, they were rather splendid brawny women with a reserve of anecdotes largely concerned with difficulties they had encountered in

their obstetric practice and which they had to be prevented from telling too loudly during the often protracted waiting period associated with the first stage.

At last, the second stage began. One tried to remember what to do - especially to hold back the head and prevent anything precipitate happening. The whole procedure was somewhat alarming. It was at this time one made sure that the BLUE CARD was within easy reach. In the event of any trouble which the extern thought exceeded his limited skills, a corner of the card was dipped in blood and given to the husband. He then had to cycle as quickly as he could to the College and hand the card to the porter who would give it to the Resident Obstetrician. The R.O. would then come down post haste on his bicycle to put things right.

The baby was born, the placenta delivered, the cord cut and tied, the ergot given and the baby put to the breast. The baby was weighed - very important socially for the family - on a spring balance from the Obstetric bag. It was the dresser who was the hero of the hour: the woman and child were ignored. The doctor was always given tea. He was asked whether or not he preferred cow's milk or condensed milk. It was essential to ask for condensed milk, because this - a luxury - had been bought specially for the occasion and to have refused it were to commit a social solecism.

'It was at this time one made sure that the BLUE CARD was within easy reach.'



*'It was the dresser who
was the hero of the hour:
the woman and child were
ignored.'*

It was just getting light when I left Page's Walk on my bicycle. I was rather elated and it was a beautiful May morning. Instead of going straight back to the College, I cycled through the Borough Market already alive with

traders and then along Bankside to see St Paul's touched by the early pink light. I still cannot smell Dettol, without its recalling the memorable night in Page's Walk.

There were many longueurs as an extern, waiting for a call. I paid my way by success at piquet. It was also our duty to carve a panel for the wall of the externs' room. At first - many years ago - these were the actual wooden tongued-and-grooved boards which clothed the lower part of the walls. When these were full, pieces of wood of similar size were used and fixed to the upper part of the walls. Each panel was inscribed with the date and the initials of the externs and the R.O. There were also various devices, almost all improper and some exceptionally so. Obstetric problems of rarity might be recorded - I remember a true knot in the cord - and sometimes a contemporaneous political event. The untimely assassination of President Dolfuss of Austria figured in my panel.

I did well at piquet, but the externs who followed did much better. They ran a full-blown casino. Green cloth and a big roulette wheel were installed, together with a professional croupier - he was one of the residents with experience in these matters who was paid five pounds a night for his services. The size of this sum, perhaps a hundred pounds to-day, gives some idea of the enormous value of the "drop". Gaming began at ten o'clock at night and finished at about four in the morning. Punters came from far and wide, from Bart's, St Thomas' and St George's, and even from St Mary's in the far north-west. With high stakes, the externs made an enormous amount of money. Towards the end of the second week, however, John Conybeare, who was Warden of the College and no spoil-sport at any time, felt things



had perhaps gone too far when a miserable student told the Dean he could not pay his fees, remitted by a parent in the Orient, because he had lost all his money playing roulette with the externs. So the Warden walked off with the board. The major motif in that lot of externs' panel was a splendid looking woman with a P.P.H. of golden sovereigns. Perhaps it may be seen today.

There is a pendant to my account of being an extern. About a year or so later, when I was an out-patient officer, I was asked to see a hideous child in the surgery, covered with infantile eczema. As I filled in the card, I was surprised to see the infant bore my own Christian names. It was not unusual in those days to call a new-born boy, not after his "rich uncle in Camberwell", but after the "doctor". It was the baby from Page's Walk.

W.N. Mann



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COMPLEMENTS OF THE SEASON !

Isn't it amazing how time flies? And you cannot get more original than that! Well, let me finish with the exclamatories, and get down to business. I just had the thought, inspired by something I read recently from the pen of Claire Rayner, that it was time I gave the subject of 'complementary therapies' an airing in these pages again. But then I thought it was only last year I'd 'done' them. But no, to return to my opener, tempus fugit: it was nearly four years ago. So I don't need to offer any apologies. Mind you, when I looked up the opening paragraph I had a good laugh. It read, "Complimentary, or alternative medicine, as it used to be known ..." My goodness, 'complimentary' is about the last word one can associate with alternative remedies. They come quite expensively. I assume it must have been a printing error, for despite my ignorance of many things, I do know how to spell, and note the difference between 'complementary' and 'complimentary'. I have my principals, if you get

what I mean.

Enough space wasted; Claire Rayner has been sounding off about new age remedies- complementary medicines. She even dared to call them 'esoteric nonsense', and made a harsh criticism of nurses who promote them. Claire was a nurse, indeed I believe trained in midwifery at Guy's many years ago, so maybe even read what I had written in this column. Though, having read her elsewhere, maybe she's got ideas of her own !

She started by quoting something she had read in the pages of the 'Nursing Standard': 'hermeneutics in particular, are methodologically inappropriate for the investigation of intergenic, linguistically-mediated activities circumscribing paradigms ' Well no, she didn't quite quote that, but it was similar gobbledegook, and since I don't wish to infringe Claire's copyright, I have found something else that sounds equally meaningless. After all, having seen Claire, there's a lot of her to infringe, if one got into trouble in that context.

But the gist of Claire's argument was that nurses are allowing their



clinical judgement, their professional titles and therapies that are so much rubbish, to be conjoined in a very unfortunate manner.

Claire Rayner argued that nurses who remained on the Register, and use their professional qualification letters after their names, should be warned that to say the least they are acting unscientifically. She didn't go quite so far as to say they should be 'struck off'; but I think this is the inevitable conclusion of her position, and one I would wholeheartedly support.

Complementary therapies, with few exceptions, cannot be rigorously tested in the manner of orthodox clinical trials. My article in this space four years ago, mentioned, *inter alia*, 'evening primrose oil ...was no more effective than liquid paraffin' in a trial of women with pre-menstrual tension. And, also to quote myself: 'much of complementary medicine's success, like miracles, is anecdotal'. Since miracles, in my dictionary, transcend the laws of nature, they do not happen. We may not understand, but let us not fool ourselves into believing that complementary therapies come

into the bracket of miracle cures. The main problem, as Claire writes, and I agree, is that many nurses are frustrated that the only way they can make a good income within their profession is by leaving 'hands on' treatment to untrained carers, and taking a job in management. To keep patient contact, and make money, some nurses resort to practising complementary methods. Thus they work in the private arena and charge accordingly. They may not be totally mercenary and insincere, but if they searched their training books they should soon recognise that they are behaving unethically.

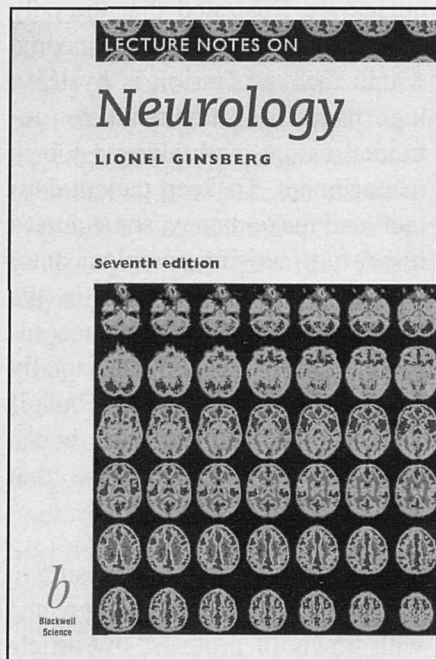
When Claire made this exposure in the nursing press, she was greeted with howls of protests; my article here a few years ago did not provoke readers into making such fools of themselves.

Is it right for me to conclude that nurses at Guy's are more sensible than their colleagues from other less prestigious establishments? Or did they just happen to miss my earlier opposition to unsavoury alternatives?

Denis Cobell

REVIEWS.

Lecture Notes in Neurology



L. Ginsberg
Blackwell Science, 1999. ISBN
0-632-04827-1

A new edition of the lecture notes series is normally good news for students. How does Blackwell's new neurology text compare to others in the series? I am glad to say that it's more of the same. Clear, concise paragraphs, with useful summary boxes, diagrams and pho-

tographs abound throughout.

Divided into two sections, this book begins with details on how to examine and test for deficits in this system together with simple explanations of the clinically relevant underlying neuroscience and neuro-anatomical principles. The last chapter in this section describes specialist investigations with great clarity.

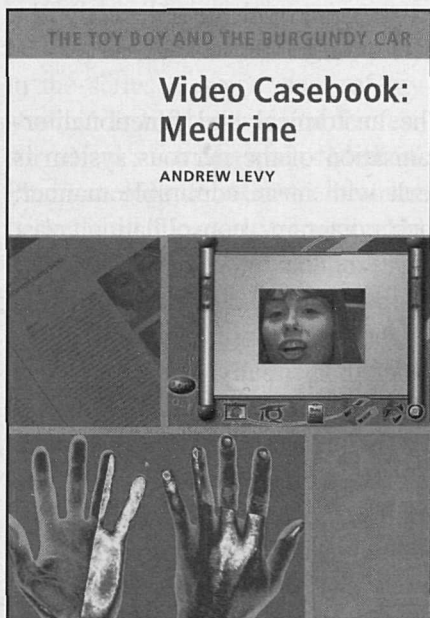
The disease orientated chapters give an up-to-date and clear overview of both basic principles of the common and important disorders of the nervous system and their management.

Because of the clear prose, and the fact that it is written in such a user friendly way, this book is definitely one of the most readable in the 'Lecture Notes' series. However although I would recommend this book to those completing a neurology rotation, the 'story' like feel does not work as well for revision purposes, when a more table and list orientated approach might be preferred.

Rubetta Matin



Video Casebook: Medicine



A Levy

Blackwell Science, 1999. ISBN
0-632-05122-1

This book takes an innovative approach. Divided into 50 case studies, it covers a range of cases covering all medical specialities. Each case begins with a history, which is then followed by a diagnosis and explanatory notes. There are then five MCQ's to test your knowledge at the end.

Even before you get to the CD this book is good value for money. It plays on the fact that many medical students find it much easier to remember patient cases than wrote learning. Also, the notes often have more of a basic science slant than a normal casebook would. I found this a useful way of motivating myself to learn relevant basic science, which although essential, can often seem boring as a clinical student.

The CD presents pictures of each patient, along with video excerpts of the more pertinent parts of the history. Some of the cases also expand on this by showing you relevant signs on the patient such as splinter haemorrhages, and carbon dioxide retention flap.

Accompanying the video footage is electronic excerpts from the book for each case. I felt the interactive component could have been expanded upon, although I suspect the highly attractive price point may have prevented further development.

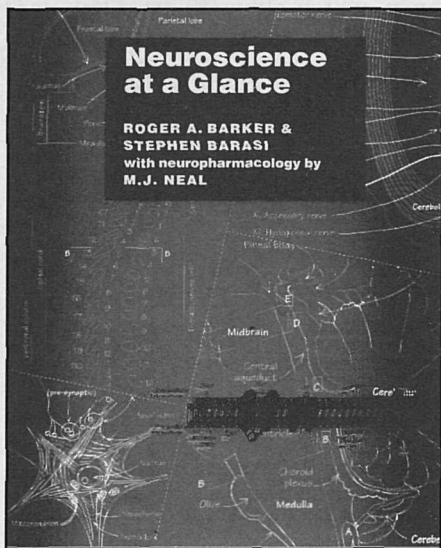
This is a brilliant and painless way to learn the basics of common



medical cases an works well as an learning aid after reading more substantial texts. I heartily recommend this book.

Jason Roach

Neuroscience at a Glance



R.A. Barker and S. Barasi.
Blackwell Science, 1999. ISBN
0-86542-869-7.

If this book had been available when my colleagues and I were grappling with the intricacies of Neuroscience, I have no doubt it would have eased

our way into the subject more smoothly. This is ideally suited to the pre-clinical student needing to get to grips with complicated subjects - fast.

The anatomical and functional organisation of the nervous system is dealt with in an admirable manner: each diagram consolidating vast quantities of information that are separated by whole chapters in the weightier tomes. In fact the pictures throughout, really do express a thousand words apiece. The text is lucidly written and really this is the best introductory textbook to the subject in terms of breadth and summary of topics.

The quick resume of embryology in chapter 2 with accompanying figure should certainly not be skipped through, as it holds the key to later subjects in the clearest manner I have come across to date. Particularly impressive are the figures conveying the basics about the organisation of the spinal cord (chapter 11), the basal ganglia (chapter 34) and the limbic system in long-term potentiation and memory (chapter 39). A minor irritation is that the text sometimes spills over the allot-



ted facing page spread and I wonder whether more selectivity in content may have avoided this.

Having used six of the eight books in the series at some stage of my studies, I still believe that Professor Neal's archetypal 'Medical Pharmacology at a Glance' cannot be bettered for clarity, memorable diagrams and sheer brilliance of content and structure. Pharmacology is perhaps the most amenable of subjects for treatment in the double-page spread format adopted. Also Neal's diagrams are unique in their deceptive simplicity - indicative of evolution through years of lecturing medical students, imparting knowledge which generations of us shall certainly not forget, owing to his inimitable style and organisation of delivery. His contribution as the neuropharmacology author of this textbook does not go amiss and his unique sections add immensely to the chapters on, for example, epilepsy (chapter 45) and affective disorders and schizophrenia (chapter 40).

With time, I have no doubt that 'Neuroscience at a Glance' will

develop into another best-selling textbook for Blackwell Science and become a trusted companion for medical students, both approaching the subject for the first time and needing an aide-memoire for the clinical years.

To quote from the English Philosopher, Francis Bacon:

'Some books are to be tasted, others to be swallowed, and some few to be chewed and digested.'

A place in the latter category is certainly commanded by 'Neuroscience at a Glance'!

Rina Dutta

SPORT.

Guy's Dental Society Golf

Guy's & St. Thomas' Medical and Dental Schools have had a long history of golfing success; notably in the United Hospitals Cup and representing the University of London.

Guy's and St. Thomas' have dominated the U.H Cup in the 80's and 90's; achieving back to back success for the last 3 years.

In the 1998-9 Season, 3 members of the Golf Club were selected to play for the University of London. These students included Jim Williamson (2nd year dentist), Nick Williams (5th year dentist) and Charlie Jowett (2nd year Medical student).

Every summer in late May, The Guy's Hospital Dental Society have their annual golf meeting. The day is attended by 60 golfers of Guy's past and present staff and students. This is a great chance just prior to final exam preparation for a relaxed outing where the McDonald

Cup and Bloggery Tumbler are among the coveted trophies. This is such a popular tournament that past Guy's graduates return from as far away as Cornwall and Dundee.

The Guy's & St. Thomas' Golf Society holds three other meetings during the year (Autumn, Spring and Summer). The highlight of the year is the Summer Meeting, which is held in Rye. This is a very hotly contested Ryder Cup style match between students and consultants.

The Golfing Society has grown in size and strength over the last few years and we welcome golfers of all standards to both compete at the highest level and enjoy the social aspects of the golfing society at Guy's & St. Thomas'.... Just as long as your bank manager allows you a large overdraft. I strongly recommend making the effort to get involved.

Nick Williams
5th Year Dentist



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SARKAR, SANDIP
SAWYER, ADAM

SCHIZAS, ALEXIS
SEAH, RICHARD
SECCHI, DAVID
SHARMA, SUMEET
SHRU, KAI KEEN
SILHI, NITIKA
SILVERSIDES, NICHOLAS
SIMPKIN, JAMES
SISSON, GUY
SODIWALA, VIKAS
SONGHURST, ROBERT
SONPAL, NEERAI
SOUTHALL, ASHLEY
SPRINGETT, JONATHAN
STAFFORD, GILES SUMMER.
FIELD, RUTH
SUNICARANENI, VISHNU
SUNTHARESWARAN, ROMESILAN
SYMES, ANDREW
TRAN, GIA
WALSH, MELANIE
WARD, SUZANNAH
WARDLEY, PACHEL
WATSON, ABIGAIL
WEBBER, NAOMI
WEBSTER, SIMON
WENNIKE, NICOLAI
WICKS, AMY
WILLCOCK, WILLAM
WILLIAMS, TIMOTHY
WORTH, RICHARD
WRIGHT, HOWARD
WYNNE, KATIE JANE
YEONG, KEE
YIP, LAI
ZAMAN, ZUBAYR
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Guy's, King's &
St Thomas' Hospitals
Medical & Dental
Schools

Gazette

Accident & Emergency Department

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Observation Ward
A & E Administration
NO WAY OUT

October 1999

Malaria research at Guy's

Freshers welcome

Guy's A&E closes

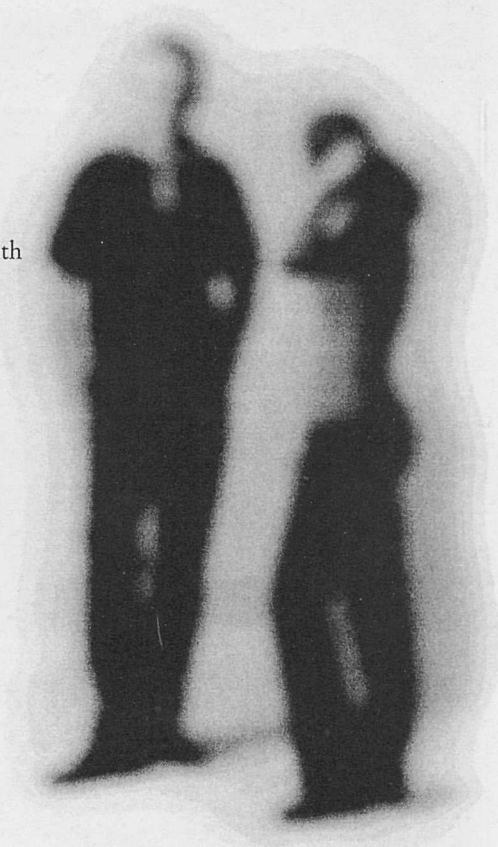
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GUY'S *Gazette*

October 1999

Volume 112 Number 2485 ISSN 0017-5870

338 Passim

340 Letters

Kafka's Trail, Kicked Out

346 News

GKT School of
Medicine, A&E Closes,
GKT Dental Institute

353 Looking Glass

355 Research Front

Malaria Research

359 Weakending

363 Features

Future of Computers in
Healthcare, How to Annoy
your Doctor

374 Nursing Notes

376 Reviews

Metabolism at a Glance,
Human Physiology -
the Basis of Medicine,
Clinical Surface Anatomy

380 Sport

Interview with Guy Palmer

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Passim

"Who controls the past controls the future. Who controls the present controls the past." George Orwell

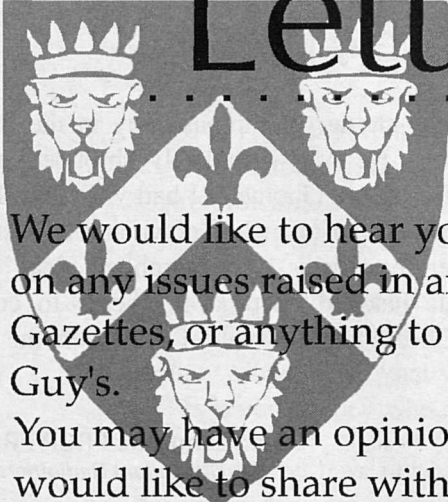
Welcome freshers! The Guy's Gazette is the oldest hospital journal in the world. Our remit is to inform medical and dental students and alumni of what goes on at Guy's, King's and St. Thomas' Hospitals and their associated schools. Despite this difficult mandate, we believe we continue to provide something for everyone.

As we embrace the new, we must not forget the old. It is with great regret that the gazette says goodbye to our office manager of many years, Margaret Flanders. In the three years that I have known her, she has certainly been the driving force behind the everyday running of the Gazette, and always provided experience and input to the ever-changing editorial team. Her character and presence will certainly be missed around the office in the future. All at Gazette HQ (currently operating out of a cardboard box in Borough High Street) wish her well.

Of course the departure of one manager must herald the arrival of another. Suzanne Poulter has stepped effortlessly into the role and has already become a very valuable asset to the Gazette. I look forward to working with her over the coming months.

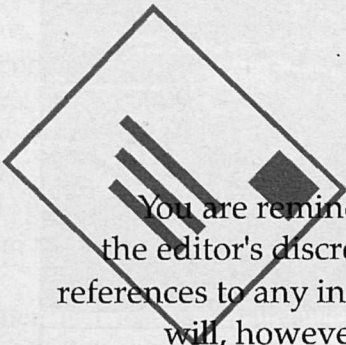
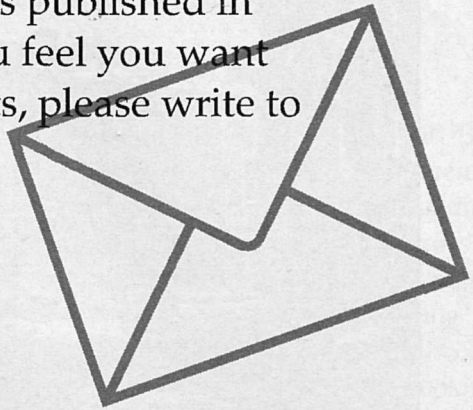
Amongst our usual plethora of material, this issue is an attempt to orientate our readers with many of the developments surrounding the new Guy's King's and St. Thomas' Schools (GKT). With the arrival of our first GKT intake, the completion of New Hunts House and several refurbishment projects, the expansion of the school finally takes on a physical presence. We envisage the Gazette will continue to be an integral part of both this new school and the trust.

Letters



We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.



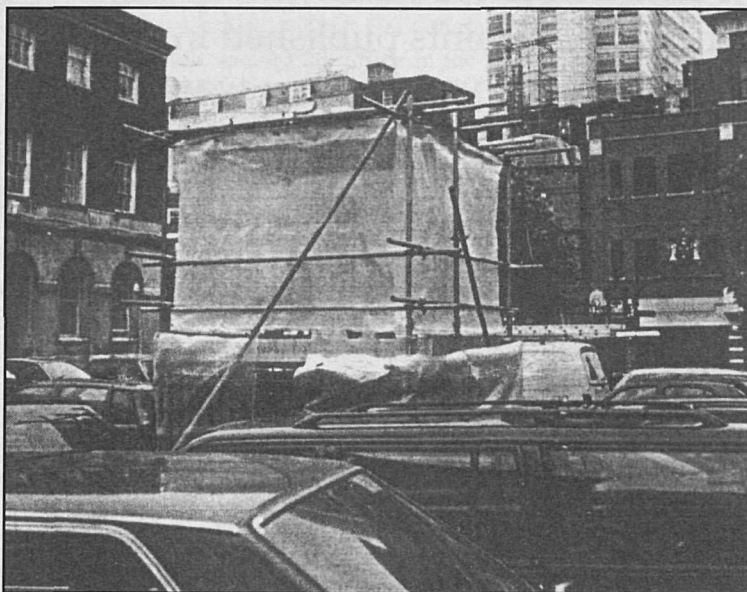
You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.



The Thomas' Guy Mystery

This week, I was alarmed to see the statue of Thomas' Guy in the front quadrangle draped in plastic sheets. He was completely shrouded in a temporary enclosure - a sort of "Millennium Gnome" ! I had visions of him being spirited away to a less salubrious spot or melted down and re-cast as the Angel of Southwark but, never fear; he is being scrubbed clean and refurbished and will scrutinise his beloved hospital for years to come. However, my alter ego, Tong in Cheek, began even before he left the car park.

David Tong BSc FRCP FRCR
Consultant Radiotherapist



Thomas' Guy under wraps!

ECLIPSED

O Thomas', what have you done ?
Are you sulking; have you got the pips ?
Are they afraid you will look into the sun
On the morning of the great eclipse ?

Have they placed you behind the plastic screens
To shield your eyes; to hide your face ?
Are they ashamed of what you might have seen ?
Is it you or they who are in disgrace ?

I am relieved you have not been dumped by King's.
My lines, dear Tom, are just a bit of idle fun.
They say it is time for your spring cleaning
To make you gleam for the Millennium !

Tong in Cheek

Kafka's Trail.

Like Kafka, I sometimes feel as if I am confronted by my worst nightmare. This does not involve an elaborate arrest during the night by secret agents but usually I feel this way when trying to complete seemingly mundane affairs like finding a lost grant cheque or booking a room for a large group.

I often feel lost in a bureaucratic jungle with no escape. I am fed small scraps of information by a benevolent master as to the wherea-

bouts of my potential saviour. But when I find the site of the all seeing, all great one, through a building site, around a pond and across a rope bridge, I find he's no longer there. In his place are a gang of workmen with pneumatic drills eating bacon 'sarnis' and looking mean. Deciding this work site ain't big enough for the three of us I retrace my steps.

After finding the new location of the said person, in an inaccessible recess next door to a large cooling tower, I suddenly feel elated. Then



the occupants pause, look around, gasp air and tell me he left six months ago and now runs an organic pig farm in Australia. They obligingly tell me the location of 'So and So'. I run with a new fervour to see 'So and So'. But unfortunately 'So and So' stopped dealing with this matter last week. He informs me that it's been taken over by another department and gives me the fax and telephone number of Mr X.

I finally tracked down Mr. X in the new wing of a converted sanatorium in North London. I enquired about the availability of the room. He said authoritatively;

"Sorry old chap. It's just been booked 'til 2005 by the local circus troupe. They're awfully good acrobats-it's a shame about the jugglers though".

Brett Maddock
4th Year Medical Student

Kicked Out

Dear Sir,

Contrary to Gazette sources, students of the Muslim faith have still

not been allocated a room where they can pray.

Prior to this year, the 'Quiet room' at Boland house was where Muslims prayed at lunch times. The renovations in Boland House mean that the room will not exist. The consequence of losing this vital room has meant praying in changing rooms, locker rooms and outdoors, generally an inconvenience to all. Extra-curricular activities, such as Arabic and Qur'an reading classes have also been abandoned.

On top of this, the 'Ballroom' at Boland House is being converted into a lounge area. This was where the larger Friday congregational prayers were held. It is now held in a small classroom, in which the cramped conditions and lack of atmosphere is not inviting. Even the future of using this classroom is in doubt!

Freshers and those interested in Islam now do not have a focal point or an idea of what the Islamic Society at Guy's has to offer. It is now at crisis point. Strand facilities are simply too far away for busy students based at Guy's to reach.



Campaigning for a new room started last academic year with petitions and letters, but to no avail. Support is unanimous amongst Muslims and non-Muslims who feel the room is a right, not a privilege.

Sakinah Azam
3rd Year Dental Student

A letter from the Manager

Dear Subscribers,

Many of you will be aware that due to technical difficulties, we had not informed some of you of our latest subscription charge increase. The response to our recent letter has been tremendous. Your help and co-operation in updating your bankers orders and paying arrears is greatly appreciated.

Both the editor and I are grateful for your continued support of the Gazette. We look forward to working together in the future.

**Current subscription charges
are:**

New graduates: £10 for one year
Alumni: £20

We would also like to thank all those retired alumni who make extra contributions towards the Gazette.

Office Move

The Gazette has now moved offices. Our old postal address is still valid for the time being. However if you wish to purchase memorabilia or visit the office in person, the new address is as follows:

Nuffield Nursing Home
3rd Floor
Room 342
(Access through Henriette
Raphael)

The office manager is available on Monday, Tuesday, and Friday between 10am and 5pm.

Memorabilia is now also available from the Friends of Guy's Flower Shop, and by mail order.

With kind regards

Suzanne Poulter
Office Manager



Porter-illo

Former Tory MP Michael Portillo spent three shifts as a Porter at St. Thomas' Hospital in August, after having been commis-

sioned to write an article on his experiences. Michael spent a day shift, a night shift and a late shift at St. Thomas'. "I had preconceived ideas about what Michael might be

like. We were all pleasantly surprised that he fitted in like one of the lads - he can come back any time," said Site Portering Manager Bill Evans.

Guy's fiasco

The redevelopment of Guy's Hospital, which was allowed to "spiral out of control for nine years before any sense of realism was applied," has been severely criticised by the House of Commons Public Accounts Committee (BMJ 1999;319:662).

The final phase of the redevelopment, which in 1986 was estimated to cost £35m, ended up costing £150m. In addition to a huge cost overrun, the Guy's project was also completed more than three years behind schedule. The committee was highly critical of the lack of accountability for the mismanaged project. "We are disturbed that no one associated with this major failure of cost control and project management has been identified or disciplined," the committee said.

Extra cancer services

Details of extra government funding for lung cancer services were announced last month by Baroness

Hayman (then Health Minister). Together with the cancer units within the South-East London Cancer Network, Guy's & St Thomas' Hospital Trust has been suc-

cessful in bidding for some of this extra cash. The money will be used to reduce waiting times, provide dedicated nursing and speed up access to diagnosis.



Protect those bones

Two members of staff from Guy's & St. Thomas' Hospital have set up a campaign that encourages Haemodialysis patients to protect their bones. Renal dieticians, Claire Evans

and Helen Campbell created the campaign after receiving the results of a nutrition audit carried out within the trust. The results showed that only 43% of patients dialysing at Guy's and 31% patients dialysing at St. Thomas' were aware

of the relationship between kidney failure and bone disease. Thus highlighting the fact that there is a requirement not only for raised awareness of bone disease but also for dietary education to prevent it.

Only in America

The Lancet reported recently (11 September, 1999) that patients of a Seattle medical centre are being offered the opportunity to receive treatment from a 'virtual clinic'. The hospital has set up a company which plans to offer 'virtual treatment' from next year to 15,000 local employees of nearby computer giant Microsoft. Doctors and patients will be able to see, hear, and talk to each other, using their own computers and video cameras. Images, for example, of an anatomical drawing of the back can be drawn up and have the patient locate exactly where it hurts. Prescriptions if needed, can be e-mailed to an on-line pharmacy for delivery to the patient.

Nancy Dickey, the American Medical Association's immediate past president, says the virtual clinic proposal sounds better than some internet medicine schemes. "I would have some concern about the ability to do a full range of diagnoses without a physical examination," says Dickey, "but it is clearly a step better than the idea that you can type answers back and forth at each other and make any substantial diagnosis."

NEWS.

THE GKT SCHOOL OF MEDICINE

In writing recently to the alumni of Guy's, King's and St. Thomas' Medical Schools about the GKT Merger, I said "The best of Guy's, the best of King's, and the best of St. Thomas'. What a heady mixture, and what a tradition of medical teaching and innovation. As the Dean of the new Medical School, I have been very impressed by the way everyone has worked so well together to build with confidence on this rich history of excellence, and I look forward to great achievements in the years to come."

Our merged institutions are indeed based on strong traditions of excellence, which can be traced back more than 400 years. St. Thomas' is the oldest, being associated with the religious house of St. Mary Overie founded in about 606 AD at Southwark. The formal development of medical instruction began in 1553 when apprentices were appointed to the hospital, which was re-founded at that time by Edward VI.

Guy's was founded later, in 1721,

by Thomas Guy, an early entrepreneur with a strong social conscience. He was given permission to build a hospital for incurables within the close of St. Thomas' at Southwark. Joint teaching in these United Hospitals continued until 1836 when, after a fight among the students, it was agreed that the hospitals and associated schools should function independently. They came together again in 1982 when UMDS was created. St. Thomas' Hospital left Southwark in the 1830's when the railway line from London Bridge to Charing Cross was built. After a brief period in Vauxhall, it moved to its present site opposite the Houses of Parliament in 1872.

King's is the newcomer, founded in 1829, but like its older neighbours has been home to many famous medical practitioners and teachers. The first King's College Hospital was established by the College in Portugal Street in 1839, and moved out to the then leafy suburb of Camberwell at the beginning of this Century.

I have reproduced some of the history of the constituent schools of the Guy's King's and St. Thomas'



School of Medicine here to emphasise the very considerable expertise which underpins our present teaching and research. That rich history and experience of medical education is a very real asset, and will this year benefit our first intake of students to be taught together in the marvellous new facilities on the Guy's campus. The future is indeed bright.

Professor Adrian Eddleston
Head of School - Medicine GKT

A & E Closes

From October 1, 1999 the Guy's A&E Department will house a new Minor Injuries Unit. Approximately 20,000 A&E attendances and 8,000 inpatient episodes a year will be transferred to St. Thomas'.

The closure of Guy's A&E has been well advertised around the hospital and within the community. There have been road shows, leaflet drops and numerous other publicity campaigns all promoting the new "walking wounded" service only at Guy's. However, only recently has it become clear how the bigger St. Thomas' A&E will be organised with regard to take-ins and destination of

in-patients.

For medicine, twenty consultants will be taking part in take, and two teams will cover the twenty-four hour period, each on for a twelve hour shift. For surgery there will be six consultants who will share the workload with each team on for twenty-four hours at a time.

From October 1st all inpatient services for medicine, elderly and general surgery will be based at St. Thomas' and all medical staff associated with those services will transfer to St. Thomas' at the same time. As all beds will be at St. Thomas' all 'post take' ward rounds will be





completed there. Therefore, patients under 'Guy's' consultants can potentially be admitted to any medical, elderly or surgical ward. The decision for individual patients will be based on what is most appropriate for their clinical condition and which ward has been designated as the base ward for the particular consultant/firm involved.

It has become clearer now that Guy's offers little to the community in terms of acute healthcare, which after all is what one associates with a hospital. The advertising campaign has tried to illustrate this point with posters of a grinning, not-so-worse-for-wear, dishy lad wearing a football jersey and a plaster slapped at a jaunty angle on his forehead. Does the public at large truly realise that Guy's is no more than a glorified outpatients department, masquerading as a major player in health care because of a lovely new research centre built by King's College London?

Whatever the reasons cited for choosing St. Thomas' to take over the in-patient services, the one that is most laughable is the ease of access by public transport from

London or from neighbouring counties. Neither Waterloo nor Westminster tube stations are a stone's throw away whereas one cannot avoid walking into Guy's Hospital when disembarking at London Bridge. One consultant pointed out that his more incapacitated patients, on arriving at Guy's from London Bridge, can walk straight into Thomas' Guy House (via the footbridge) without having to encounter any stairs.

Unfortunately, Guy's now has even less to offer to students completing medical or surgical rotations than ever before. It remains to be seen whether future first year clinical students have to trek over to St. Thomas' to clerk an interesting asthmatic.

Navtej S Chahal

More information on the transfer of services can be obtained from:

Sylvia Kennedy, Head of Service Development, Guys ext.5388

THE GKT DENTAL INSTITUTE

The Dental Institute of Guy's, King's and St. Thomas' Hospitals draws on three unique traditions. Dental education can be said to have

started at Guy's two hundred years ago when Joseph Fox, the first dental surgeon to the Hospital, gave a series of lectures on dental surgery. We had to wait another ninety years until 1889 when Frederick Newland Pedley established the first Dental School within a general hospital at Guy's. Newland Pedley studied dentistry at the Royal which was founded in 1858 and prior to merging with Guy's in 1983 was based in Leicester Square.

The Royal had strong links with the Department of Oral and Maxillofacial Surgery at St. Thomas' Hospital. This link is maintained by the Dental Institute through the superbly equipped fourteen surgery polyclinic at St. Thomas' which all final year dental students attend.

The third tradition is that of King's College which was founded in 1829. Ten years later King's College established a hospital in Portugal Street, near the Royal College of Surgeons and dental surgery was one of its four founding departments. Subsequently, the hospital moved to Denmark Hill and the Dental School was officially established there in 1923, moving to its

present, purpose built home in 1966.

There is no doubt that the merger of Guy's with the Royal resulted in a very strong Dental School. In the same way I am sure that the creation of the GKT Dental Institute last year is bringing further benefits - in particular those of being a large multifaculty college and having two Dental Hospitals with contrasting but complementary populations.

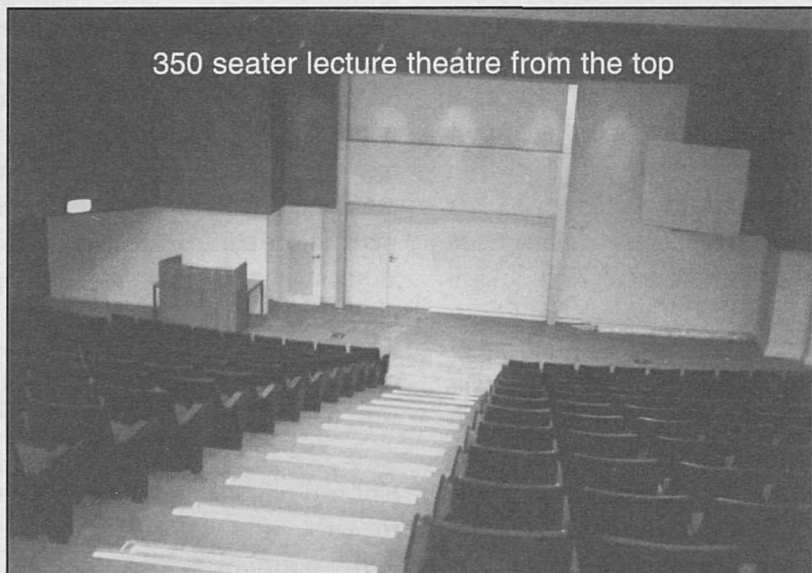
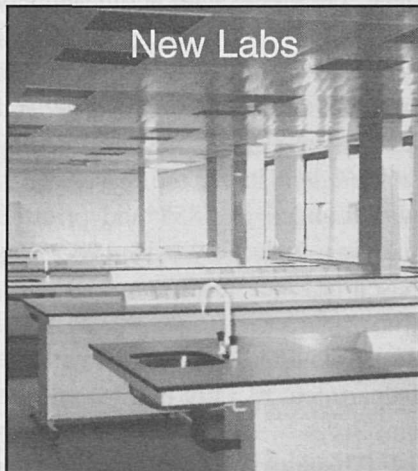
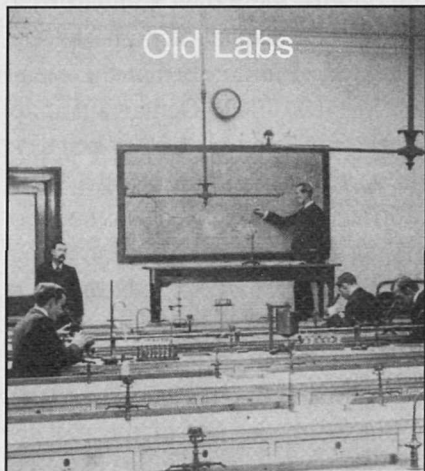
It is important to remember that throughout these mergers we have continued to be part of the university of London and the BDS degree is the same degree as before mergers took place. We are determined to ensure that the GKT BDS programme will retain the best of previous courses and that our graduates will continue to have a reputation for excellence and our students, staff and patients enjoy being here.

Professor Frank Ashley
Head of School - Dentistry GKT

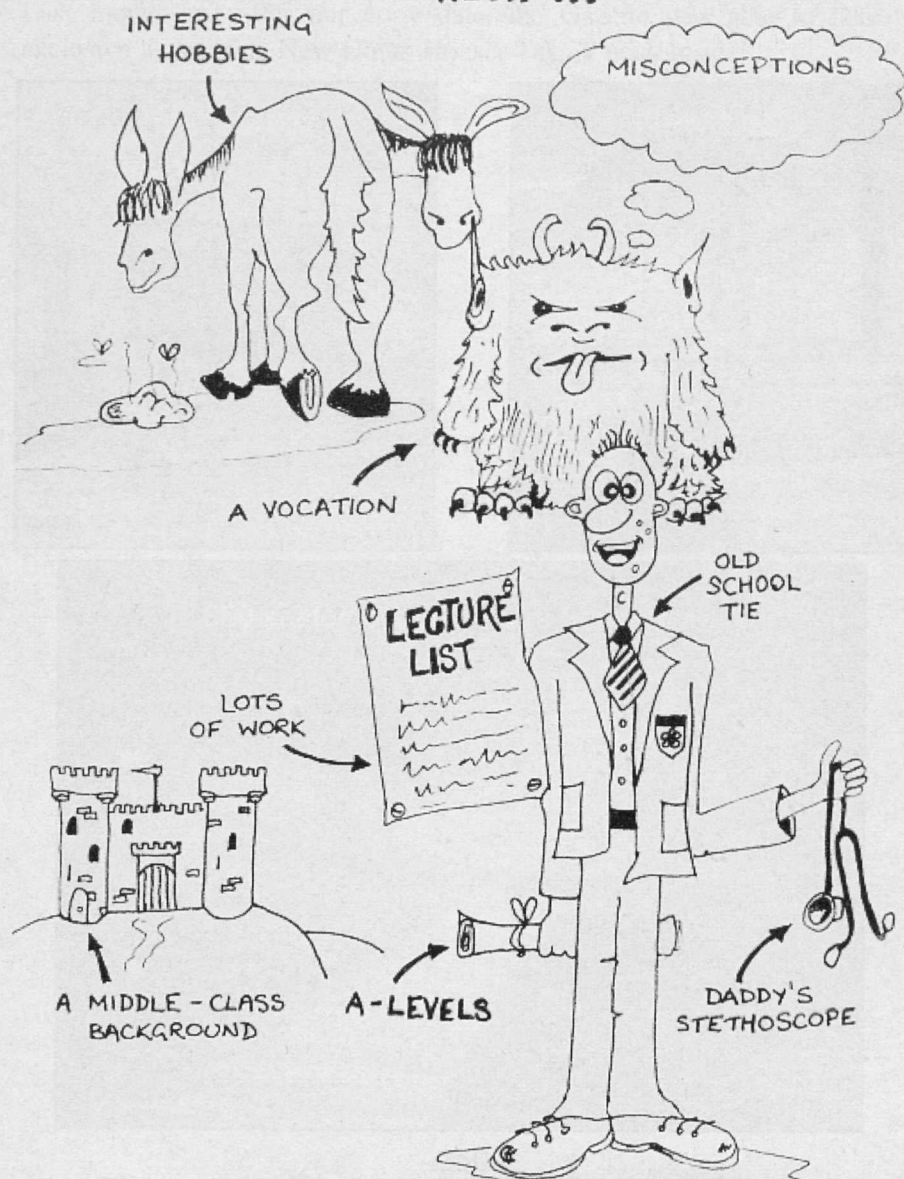


Old and New

Last month just after our copy date, the Gazette was able to take an exclusive look inside New Hunts House. Take a peak inside!



THE FRESHERS ARE HERE WITH ...





Fresher's Phrases

Pre-merger, the same fresher's guide has been allegedly distributed since the last merger (between Guy's and Tommies in 1982). A new merger has now sealed its colossal lips around the mouth of the fading UMDS and hopes to resuscitate and breathe some new life into us all. So in a way we are all freshers this year but in another more obvious way, some of us are not. Here's my alternative and as with most advice aimed at freshers, it will only make sense in about three years' time. Which is handy.

fresh'er *noun* University or college student in his or her first year. Susceptible to quaint medical school bar room rituals and often recipient of unjust drinking penalties.

freshersweek *noun* An exaggerated period of time (but widely accepted as lasting two years). A lot of older students claim to have not done any work 'for freshersweeks'.

freshersflu *noun* A vicious influenza strain concocted by rearing pigs with sheep in Japan. Released by the Registry into bar beer to curtail any serious or prolonged revelry.

U.M.D.S. *noun* penal institute for reform. Soft, custard cream type chaps and lasses admitted for 5-6 years of Sarf London hard knocks life whilst living in plush Tower Bridge apartment.

G.K.T. *noun* heard of but not seen product of a vivid imagination. England cricket team's batting line up can be described as a G.K.T.

Hop. *adj* A rapid change of atmosphere from conviviality to decadence. Usually catalysed by turning off the lights whereon heated discussions take



place, beer is spilled, hyperemesis results in a hypergreasy surface and girls start falling over after Bambi-on-ice style attempts to stay on their feet. There is usually a period of hop on most Friday nights.

Bar *noun*. A congenial and elegant establishment where one can partake in 'games'.

Mums and Dads *nouns* Most freshers can expect to have either none or as many as 5 parents allocated to them. Useful source of legal incest and physiology practical write-ups which have been handed down and copied for many generations. Dr. Burn-Murdoch is rumoured to be the only student to ever hand in an original practical class write-up circa 1959. Has been marking it ever since.

Lectures *noun* Might as well go. You'll soon find out that there is nothing much else to do. Apparently the bar now opens from midday with free drinks for the first hour, a live band and a magician every day. In our day the bar opened and sometimes closed at 5pm.

KCLSU (Guy's branch) *noun* Larger than life entity (but they're probably more nervous about this year than most freshers). "That Kevin Keegan is a bit KCLSU (Guy's branch)." Sorry I'm really struggling now.... "Now?!" I hear you exclaim.

Navtej S Chahal

Win £200!

The Guy's Gazette Christmas Raffle comes around again. Subscribers will have already received tickets with their Gazettes. Departments, staff and students, can purchase these from our new office (see p.343). The top prize of £200 is merely one of the many great prizes on offer this year. Contact us for more information!

RESEARCH FRONT

Malaria Research at Guy's:

The fundamental biology of a disease organism.

Most people assume that malaria is no longer a disease of any importance, and certainly of little relevance to London S.E.1. Why then should there be malaria research carried out at Guy's? In fact, malaria is of huge importance, taking a world view. Cases of malaria are literally countless, and more than a million children die from it each year, most of them in Africa. Fatal or debilitating cases do occur in this country too, amongst returning travellers, for instance.

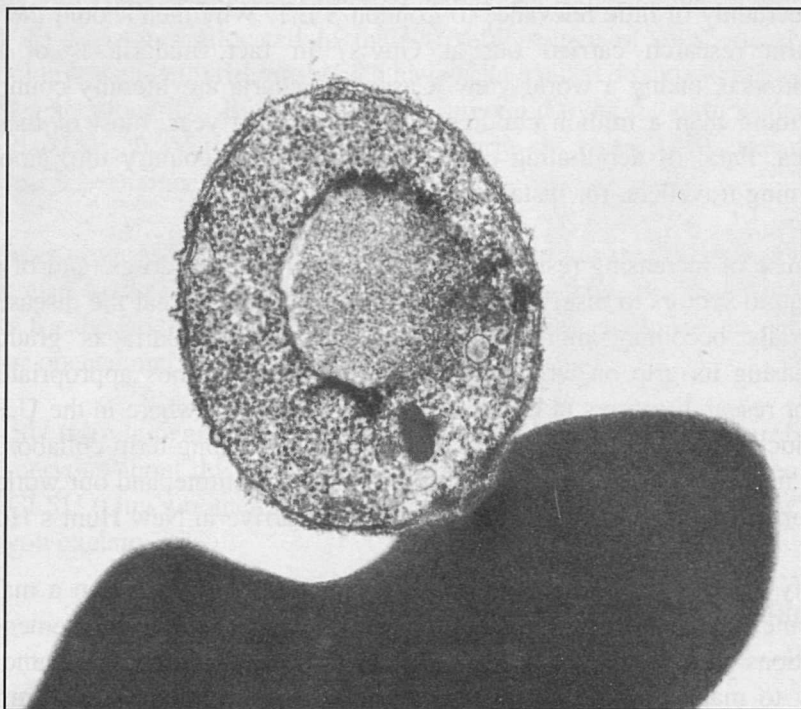
Because of increasing resistance of malaria parasites to drugs (and of their mosquito vectors to insecticides) efforts to prevent and treat the disease are generally becoming more difficult. Consequently malaria is gradually increasing its grip on large areas of the world. It is thus appropriate for major research centres in London Universities and elsewhere in the U.K. to conduct malaria research. We at Guy's have had a long-term collaboration with members of another of these, at the Randall Institute, and our work will be further strengthened when these colleagues arrive in New Hunt's House.

Thirty years ago a programme was started at Guy's to develop a malaria vaccine. The initial effort was probably premature, but tremendous additions were made to our knowledge of how people respond immunologically to malaria. It emerged that a very important aspect of that immune response was the antibodies people made to a particular developmental stage of malaria parasites, the merozoite.

Malaria parasites grow in the bloodstream and most of the time, individual parasites are inside individual red blood cells. Every 48hrs, a brood of parasites has finished the growth phase, and each has divided into about 16



merozoites. These burst out, destroying their host red blood cell, and are briefly free in the plasma. Antibodies that are made to any infection (or immunisation) are generally well represented in the plasma, so malaria parasites have had to evolve features for the merozoite to escape the effects of such antibodies binding on their surface. This has to work well enough for the average merozoite to be able to complete its job, which is to attach to and then get inside a new red blood cell. This came about as part of the disease process -



Merozoite invading a red blood cell

leaving one cell, sticking to a new one, getting into it, not getting killed - sums up the biological mechanisms which have been the targets of our research programme over recent years.



Fortunately, at the moment we have funds from the Special Trustees of Guy's Hospital, from St. Thomas' Hospital Trustees, as well as from the Wellcome Trust, to investigate features of this process. We are looking, by electron microscopy and by fluorescence imaging, at how the merozoite assembles the equipment it needs for these important tasks, and how it is able to drive itself into the new red blood cell.

Electron microscopy allows very high magnification of thin-sectioned material, and we are able to cut a single merozoite into 25 sections. Then, rather as you could follow the patterns of lean and of fat through a side of bacon cut into rashers, we can reconstruct the very much more complex patterns of the functional elements - the organelles - inside a merozoite. This is a good technical achievement, as a merozoite is only about 1 micron (i.e. one thousandth of a millimetre) long.

We are developing three-dimensional reconstructions of organelles and their relationships in this way. We can interrupt a merozoite in mid-invasion (when this is happening in a culture flask) using a range of specific poisons which we and others have developed. This is helpful, as we can describe what is going on in and around the invading merozoite by 3-D reconstruction when they are 'caught in the act'.

In fluorescence imaging the magnification is lower, but it can tell us where and when specific chemical compounds and macromolecules are in merozoites. Cells can be alive when imaged in this way. In this technique, compounds are used which emit coloured light when, for example, ultraviolet light shines on them. Fluorescing compounds can be chemically coupled to antibodies, and antibodies by their very nature are specific for particular antigens. After incubating merozoites with the antibodies, we can follow where they bind by viewing through a microscope with a sensitive charge-coupled device camera. The images come onto a computer screen and a range of measurements and comparisons is possible. Processes which involve any merozoite molecules for which we have antibodies can be



followed as invasion happens, and correlated with our electron microscope 3-D reconstructions. We can also label specific antigens on electron microscope sections using antibodies coupled to minute gold particles.

What then have we found out, that will be useful? Well we have recently shown that the whole invasion process is driven by actin-myosin chemistry akin to what happens in muscle, but that the myosin involved (the compound which actually uses energy to make movement) is very different from all other myosins (except those of the similar organism which causes toxoplasmosis). This special myosin may be a good target to hit with a drug.

Equally we have shown that the thin track-like organelles, microtubules, are crucial to the merozoite getting in to a new red cell, perhaps because they carry important components to the front end of the invading merozoite. These microtubules are very susceptible to destruction by non-toxic compounds called dinitroanilines, and these may provide an excellent drug lead. A further organelle which we have described in 3-D detail is the apicoplast, which may be the lipid factory of the merozoite. The apicoplast is bacterium-like, as are plastids in plants, so it is also a promising drug target.

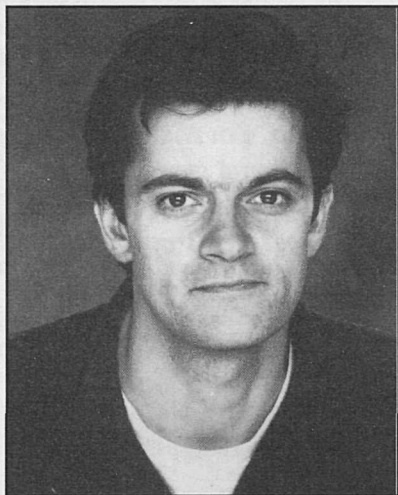
Drugs of course are different from vaccines, with which our story started. However, using our imaging and reconstruction techniques we are working with international collaboration on how several of the most antibody-susceptible parts of the merozoite are processed, assembled and used in invasion and we may yet help a malaria vaccine on its way to prevent this important disease.

G. H. Mitchell R. E.

Fowler Department of Immunobiology, GKT

J. M. Hopkins L. H.

Bannister Department of Anatomy and Cell Biology, GKT



Something that really irritates me about “celebrity” newspaper columnists – usually comedians, sometimes actors – are those occasions where they write a column detailing what they’ve been doing that week. It clearly points to a laziness and lack of original thought in people, as well as a smug belief that what they are doing is actually interesting to others. I don’t want to hear from Harry Enfield what a “runner” does, or have Anabella Werr tell me how small her winnebago is.

This week I am filming in Leeds – indulging in part of my career that is acting. Not that a great deal of what I do as a locum GP is not a big act: “My that does look a nasty old sore throat”; “Yes, I can imagine that does get quite sore”, etc., etc. This is what our teachers call ‘The mask of Relaxed Brilliance’, and what I call ‘Being Really Good at Lying’. And if in doubt just tell them to pop behind the curtains and undress while you make a dash for your Oxford Handbook of Clinical Specialities.

I’ll come clean with you immediately: I’m doing a children’s programme. I have given myself several justifications for doing this, most of which are pathetic. Firstly, I have a 5 and a half year old son who will think it’s really , really cool to have a dad who is Brian in ‘My parents are Aliens’. I have declined to point out to him the down side of this, which is that complete strangers will tell him he looks the spitting image of that weird bloke in that Kids programme about aliens.

No amount of justification , of course, will prevent my “friends” telling me that it is ‘the beginning of the inexorable slide into panto.’ “Twenty miles from London, and still no sign of Dick!”, I will hear them shout, predictably



followed by "I swear that the Prince's Balls get bigger every year!". Ha bloody ha!

Well, it's only children's TV – It's not supposed to be "I'm Alan Partridge". There is a spooky similarity in that I am spending several weeks alone in a travel tavern on the outskirts of Leeds somewhere. I haven't yet killed a few lonely hours by dismantling my Corby Trouser Press yet, I'm saving that one up.

So, I have decided to throw myself at the mercy of the critics – albeit in the 8 to 14 year age group. The only other people who will see it are "people in Children's TV" (I'm scared) and stoned Engineering Students, so I think my acting career will survive.

On the plus side, small children will continually pester me for autographs, and there will be a "20 things You Didn't know About Tony Gardner" feature in the December issue of 'Stroppy Teenager' magazine (Number 4: On his 19th birthday, he soiled himself at Hither Green Station).

It's certainly been interesting working with children which is something I haven't done since I was at school. The major strain on myself and those other crew members unfamiliar with doing Children's TV ("Am I a Paediathesp?", I ask myself in those quiet moments when I wake sweating in my hotel bed at 4 in the morning) is swearing. It's off limits – at least until 5 when the younger ones leave the set.

To help us all, I have categorised profanities. The worst are Category "A" words. These are the obvious ones: f,s,w,etc, etc, and are completely unusable. There are a couple of 'Super A's' which would hardly be acceptable on the set of a porn flick, let alone a kids programme about two aliens who pretend to be human by fostering the children – which is mores the pity because that's where one wants to use them most.

So we drop to 'Category B' words (e.g. bugger, arse, balls, bloody) which,



although forbidden, can be used when followed by an apology (e.g. bugger – sorry! Arse – sorry!, balls – sorry! And bloody – sorry!)

Finally, the perfectly acceptable Category 'C' words such as bum, flip, damn, and sugar, which let's face it, at the end of a long day when you've got a stage kid jumping on you and singing you songs from 'Annie' are totally *!\$#ing useless.

Tony Gardner

Tony Gardner will be appearing as Brian, in *My Parents Are Aliens*, on late afternoon student TV screens in November. He will NOT be appearing as Buttons in *Cinderella* at the Ashcroft Theatre Croydon in December. No way.

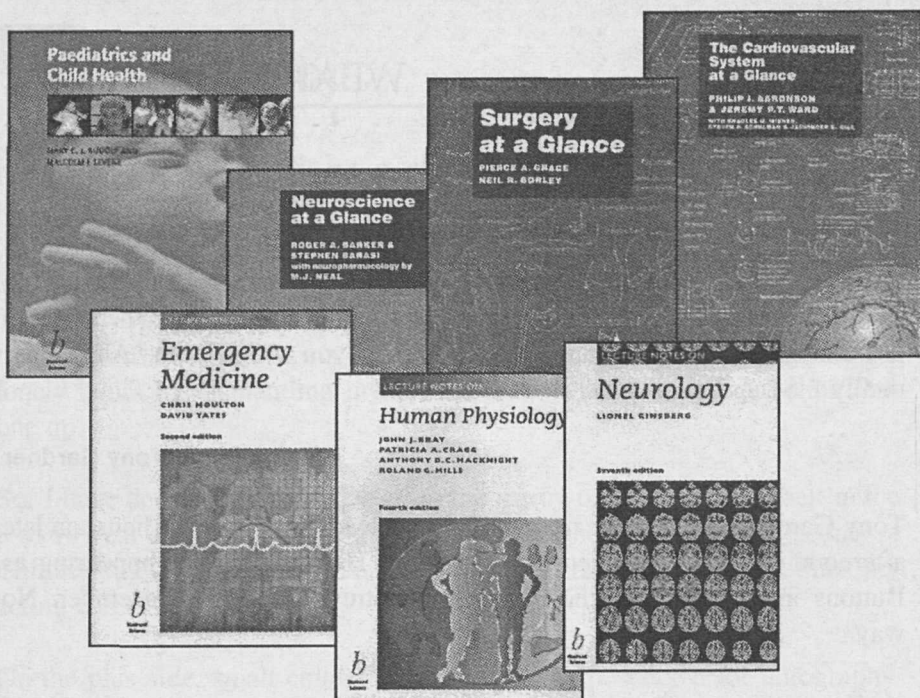


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FEATURES.

The Future of Computers in Healthcare

Dr. Derek Hill, Senior Lecturer in Radiological Sciences

In the last decade, computers have had a huge impact on the way that most organisations are run. In the financial, retail and manufacturing sectors, computer systems are essential for the gathering and analysis of information. For example, supermarket chains have huge central databases with information not only about the products they sell, but also about the purchasing patterns of their customers. It is also common for organisations to keep all primary copies of documents electronically rather than on paper, with the advantage that staff can access all the information they need wherever they are working.

The British National Health System has been somewhat left behind in this transformation. This is not because of an absence of computer systems in hospitals. Of course large numbers of computer systems are in use, and in some cases, such as in modern radiology departments, the computing facilities are state-of-the-art in technical terms. The notable feature of computer systems in the NHS is that they work largely in isolation. Some hospital departments may have excellent computer based systems. For

*'The primary means
of storing information
is still on paper
records'*

the great majority of hospital departments and GP practices, however, the primary means of storing information is still on paper records. Also, x-ray images are the last remaining bastion of analogue technology, which means x-ray images of patients have to be stored on film (until x-ray systems go fully digital in the next few years). As a result of the disparate nature of



NHS computer systems, communication between health care professionals within or between institutions has not benefited from recent advances in computer systems, information management, and electronic communication, collectively referred to as 'informatics'.

Information is still passed between GPs and hospitals as letters, and house officers still run around with requests for tests because they do not trust the internal post system to deliver requests fast and reliably. Current practice has lots of disadvantages. A lot of information gets lost, or is not available

'House officers still run around with requests for tests because they do not trust the internal post system.'

when needed. This can result in errors in patient management, or in patients getting frustrated by the need to repeatedly give healthcare professionals the same information.

Furthermore, large numbers of x-ray examinations that take place are required merely because a previous x-ray cannot be found. Mobile NHS workers (of which there are large numbers) frequently have difficulty getting the information they need when they are with patients. It is extremely difficult to use the information in patient notes to study patterns of disease, or to target NHS resources where they are most needed.

This situation is beginning to change. If the Government's policies are successfully implemented, students now beginning medical school will find a very different working environment when they qualify. Last October, the government launched a strategy document "Information in the NHS". In the spring of this year, the NHS together with numerous healthcare professional bodies released a document entitled "Learning to manage health information: a theme for clinical education". These documents outline a large programme of investment in new informatics systems for hospitals, and training and educational strategies to enable staff to use them properly.

Many clinicians feel that these are the first documents produced by the NHS that address these issues in a sensible way. The objectives, backed by a promised 1 billion pound investment are:

- to ensure that patients can be confident that the NHS professionals caring for them have reliable and rapid access, 24 hours a day, to the relevant personal information necessary to support their care
- to eliminate unnecessary travel and delay for patients by providing remote on-line access to services, specialists and care, wherever practicable
- to provide access for NHS patients to accredited, independent, multimedia background information and advice about their condition
- to provide every NHS professional with on-line access to the latest local guidance and national evidence on treatment, and the information they need to evaluate the effectiveness of their work and to support their professional development
- to ensure the availability of accurate information for managers and planners to support local Health Improvement Programmes and the National Framework for Assessing Performance
- to provide fast, convenient access for the public to accredited multimedia advice on lifestyle and health, and information to support public involvement in, and understanding of, local and national health service policy development.

For all this to happen by 2005 as the government wishes, patient information will have to be stored electronically on so-called 'electronic patient records.' Standards and infrastructure for the communication of these records within and between hospitals also needs to be set up. Most importantly, health care professionals will need to be trained to use these 'informatics systems' so that they are masters rather than slaves of the technology and so that these systems improve healthcare, rather than reducing efficiency and compromising confidentiality.

At Guy's, King's and St. Thomas' (GKT), we recognise that these changes



will have a substantial impact on the way that future doctors work. We are introducing 'informatics' into the new medical curriculum to help those in training understand how these changes will alter their working lives and relationships with patients and colleagues in the years after they qualify.

Over the next few years, look out for x-ray departments in the Trusts associated with GKT going digital, for the introduction of electronic patient record systems, for GPs being able to book hospital outpatient appointments using the computers in their offices while the patient concerned is still with them, and for consultants in the Trust providing 'telemedicine' services to smaller hospitals and health centres.

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St. Thomas' Street

London SE1 9RT

WWW server: <http://www-ipg.umds.ac.uk/cisg/>



How to get into; Pathology?

Pathology is actually a group of laboratory specialities, from which you normally make a choice at the outset. Pathology relates to the study of disease processes and diagnostics. The main types are histopathology & cytopathology (sometimes called 'cellular pathology'), haematology, microbiology, virology, chemical pathology, and immunology. Most SHOs taking jobs in one of these fields tend to stay in it thereafter, rising through the SpR ranks.

Only cellular pathology is considered here:

SHO

You only work in one pathology speciality, i.e. cellular pathology. Although the SHO posts are linked to specific Trusts, they are also linked into the regional training schemes that control the SpR posts.

The SHO post in cellular pathology may rotate between, for example, a teaching and a non-teaching hospital, or just stay in one site for the year.

On-call. None in the strict sense for cellular pathology, partly because at the SHO & SpR level, you do not know enough to be useful in emergencies (it is a true consultant led service), and partly because active duties out of normal hours are infrequent. Most posts do carry a few class 1 ADHs in recognition that you spend more hours in the laboratory & department than 9-5 daily (e.g. attending clinico-pathological meetings which tend to start forever earlier as the clinical consultants' days are filled up).



EXAMS

The dreaded diploma of the Royal College of Pathologists - MRCPPath. Currently this is taken as a difficult part 1 exam (written papers and a stiff 2 day practical + viva) after 3 years of training, and a second (rather easier) exit exam after another 2 years (i.e. minimum 5 years training). But this will soon change: 1-2 years at SHO level followed by an entrance exam to assess capability and suitability for further training. Then a final exam after another 3 years (this will be the difficult exit exam). This will be in general histopathology/cytopathology. Thereafter, you can subspecialise into, for example, paediatric pathology, neuropathology, forensics etc., although most people stay in general histopathology, developing a special interest such as gynaecological, breast or gut pathology. Most trainees apply for a consultant post 6-12 months after obtaining the MRCPPath (i.e. after acquiring the CCST).

HIGHS OF THE JOB

Every day is different, new diseases to look at macro- and microscopically (you have to like microscopes and the enchanting images they present); diagnosing biopsies and analysing autopsy material is like solving cross-word puzzles. Moreover, the knowledge that you crucially direct patient diagnostics and management. Ultimately, every working day you see something new and stimulating - a previously unencountered disease pathology, or an unusual variant of something more common.

LOWS

It takes a long time to learn the myriad of disease entities. Too many distracting administration responsibilities. It is difficult to balance clinical, teaching and research activities (especially in GSTT where the split sites automatically make things inefficient.) And, when things go wrong with patients, it is all too easy to blame the laboratory.

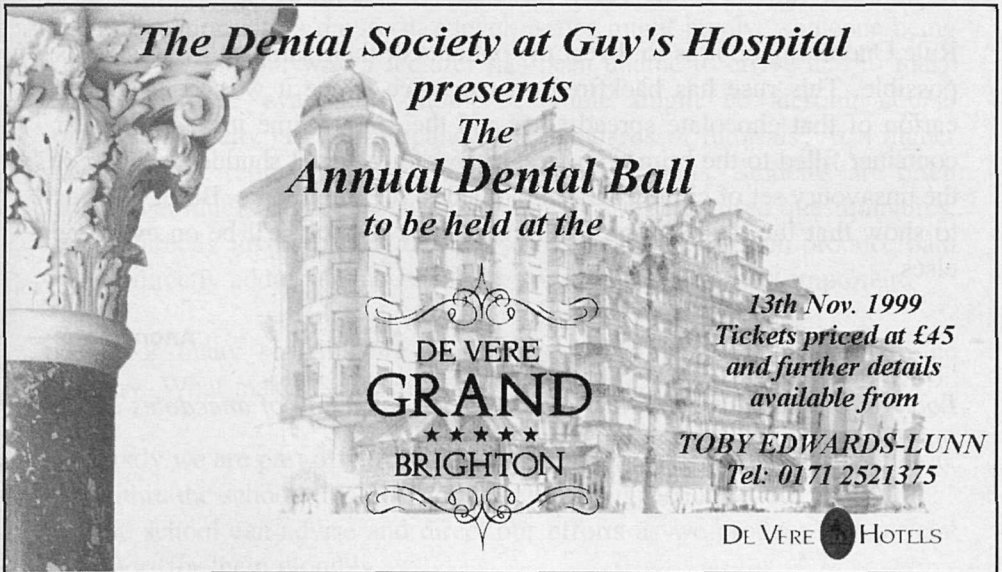
RELAXING

Like all training jobs, there is more to learn than you can do in a day, so homework is important. I spent 4 years studying on and off at home to get various memberships, much to the silent but patient annoyance of my wife and two small children. But you do get there fast in pathology. Also, there is no in-hospital night work in cellular pathology, so most trainees leave for home by 6pm.

HOW LONG TO GET TO THE TOP?

Currently there are not enough trainee pathologists for the (expanding) consultant grade in the UK - so hurry hurry. It is a minimum of 5-6 years from entering the SHO grade to reaching consultant status, and usually less than 7 years. Relatively rapid therefore.

Professor Sebastian Lucas
GKT Histopathology



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How to annoy your doctor

'The recurring problem of the leaky container...'

There is a paper just waiting to be written. The subject of this paper: What receptacles patients bring their urine samples in. One could compare and contrast the containers with the social class and status of their owners. One could take a random sample of a thousand, in the first instance. Yuh, one could: Graphs, bar charts, histograms, yeah - even statistics might be invoked but none of this would compensate me for the impotent rage I feel whenever a patient swears blind that their precious container, their little crock of gold, is properly sealed - when it isn't.

There are so many variants on this theme, but I give thanks for the plastic bag. Many is the time that the yoghurt carton 'sealed' with cling-film has mysteriously emptied itself into the plastic bag.

Rule One in my book is to divest my patients of their samples as quickly as possible. This ruse has backfired on me twice. Once it was an unopened carton of that chocolate spread stuff and the second time it was a similar container filled to the brim with freshly passed faeces. I shudder to think of the unsavoury set of circumstances that led to it getting there. But it all goes to show that the modern doc has to be on his toes or he'll be on everyone elses.

Anonymous

Look out for extracts from this old favourite collection of anecdotes in the future!



The future of staff/student liaison

Students need good representation during their course

Medical schools around the country might benefit from a student elected body dedicated to the educational welfare of its fellow students. The Student Medical Education Committee (SMEC) at Guy's, King's and St. Thomas' started life over ten years ago as a merry band of students interested in doing just this. It has now evolved into a committee with 50 members representing all years and all sites in what is now the largest medical school in the United Kingdom.

Medical students encounter many hurdles during their undergraduate life. However students can feel happier knowing that people are elected to deal with a wide range of problems, small and large, that inevitably impinge on their education. On a day-to-day level, issues might involve someone being on hand to find out why a lecturer has been unable to arrive and to make sure notes are available. Another example might be alerting course organisers to any large discrepancies in standards of tutorials. At a higher level, SMEC representatives often audit course units. Students are often able to get much higher response rates than school organised questionnaires. Being directly involved with the course means they can often produce data which directly addresses the issues the students feel are most important.

However many students are doing this sort of activity all around the country. What makes SMEC so different?

- Firstly we are part of the medical school, as opposed to the student union. Within the school, this gives our data and suggestions more credibility.
- The school can advise and direct our efforts as we produce our official report for them monthly.



- At the same time, the school can keep in touch with student feeling on a regular basis. Students are able to direct their ideas, complaints or queries to us via e-mail, or suggestion boxes located at each site.
- Through the committee, students have opportunities to be a part of curriculum development much more. This is because the school knows there is a pool of readily accessible students from each year willing to help or to find others who can.
- We are provided with some resources with which to produce questionnaires, write letters, and fax people as necessary. We also have office space to meet and discuss student matters.
- By working closely with the staff, we can ensure that students and staff do not lose touch with each other.

Students quickly become familiar with their year representatives and often approach them as a route to other services such as welfare information and staff contact numbers. The student body sees their thoughts and feelings being fed back via monthly bulletins released in paper form and on the web and in our yearly review journal.

The activities that our committee has been involved in over the last twelve months are extensive. When two schools such as King's College School of Medicine and the United Medical Schools of Guy's and St. Thomas' merge, there are bound to be some initial logistical problems. SMEC was able to advise up to a year before the merger but many problems are hard to perceive in advance. Hence we have continued to audit and gauge student opinion throughout the first year of the new joint course. This has led to both gradual changes over the year, as well as plans for subtle restructuring in the future.

We have been involved in extending library opening hours to weekends, and drawing the medical school's attention to the problems faced by students with mounting travel expenses. This has resulted in a commitment to provide funding for any expense deemed excessive, considering the location of the three main hospitals.

October 1999

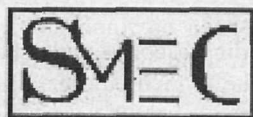
G A Z E T T E F E A T U R E



Medical schools are getting bigger, and the requirement of London schools to merge is accelerating this process. Organisations such as ours may be one of the few ways to ensure that student ideas and opinions are not forgotten.

Jason O'Neale Roach
SMEC Executive Committee

SMEC ANNUAL AWARDS DINNER



Friday 22nd October

6.30 for 8.00pm

The Great Hall

Strand - Kings College London

Champagne Reception

3 Course Dinner

Awards Presentations

Speeches



SMEC Reps pose in the Robens Suite at the 1998 SMEC dinner



REFLECTIONS

As practitioners in the nursing profession it is one of the requirements to keep our names on the Register that we 'reflect' on what we do and how we are doing it.

Just attending a course and obtaining a certificate (which is after all only a slip of paper acknowledging our presence) is not enough. And so the case should be.

There are various approaches which can be adopted. Keeping a diary is one but again, just recording dates, places and times may not be adequate, unless we actually think about what we are doing. Do we stop and ask ourselves about clients' or patients' reactions to what we do or say to them?

Thinking about practice can have many outcomes. It may mean we question the organisation we work for. It is also our duty to observe and report colleagues if we think they represent a danger to others through their practice.

'Whistleblowing' has become a much used term. Some are frightened to blow the whistle if the colleague happens to be senior, or it may threaten our own practice if we make a report

of deficiency. So, reflection on one's own, as well as others' performance must be recorded systematically. Do we all do this? I would suggest that we are often far from perfect in how we manage to carry this out. There is a need to read so we can see what others have done arises. But without a framework on which to hang our ideas it is often impossible to know where to start, if we don't just copy what has been done.

The ability to reflect is not easy, and cannot be undertaken without help. Clinical supervision can be part of the process. Here, without there being a threat, nurses can get together with their peers, and with anyone they feel comfortable about admitting to their discussion. The whole atmosphere must, I emphasise, be non-threatening and, of course, totally confidential.

It is only when this situation can be successfully created that reflection amongst colleagues can take place. But some reflection must be done alone; not only before entering a clinical supervision group, but in addition to it. Some reflection will lead to criticism. So how may this be handled?

Handling criticism is a very delicate subject: here at Guy's there has been a great deal of publicity generated this summer around the theme 'minor in-



jury time'. What this means, as I am sure most readers will already know, is that Guy's Accident & Emergency Department is permanently closed from this autumn. Its replacement is a new Minor Injuries Unit. So, if the long dreaded rail crash at London Bridge actually happens, nurses from Guy's will be on the spot within minutes with sticking plasters?

While we may all recognise the abuse of A & E by those who should be attending their GP, and that nobody should build two major teaching hospitals within a mile or so of each other, is the alternative good enough? With the closure of many facilities at Bart's, and the problem of getting nurses to join the profession, a writer in London's 'Evening Standard' wrote recently: "The closure or amalgamation of teaching hospitals means that nurses no longer identify with, or have a sense of loyalty to, a particular institution. At Bart's, until recently there was always a waiting-list of well qualified candidates for the nursing school (as I imagine was also the case at the Royal London Hospital). The present appalling situation was, therefore, entirely predictable. What is the comparative cost of previous matrons and the current rooms full of managers? It seems to me that, at present, both the patients and the Exchequer are the losers." What about that for a

reflection?

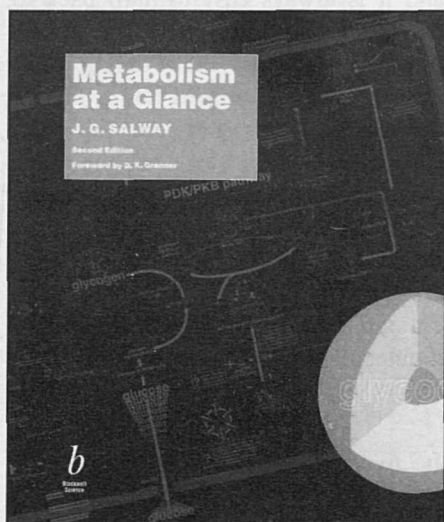
It may be going a bit far to criticise and it is always easy to harp back to the 'good old days' without recognising that they had their darker side. Only recently I bumped into a former member of Guy's staff, and the comment was: "I don't go near the place now, it has changed beyond recognition." How many, however, can remember the awful state of wards in a building such as Hunt's House. To be a patient there was to return to the nineteenth century - when Hunt's House was opened.

It may have been a great step forward then, but despite the preservationists, there can be few who would deny it needed to be demolished: Reflect as ye may - but please make your reflection constructive. Those who built our hospital, and the career in which we serve, were often derided in their day.

Denis Cobell

REVIEWS.

Metabolism at a Glance



J. G. Salway
Blackwell Science, 1999
ISBN: 0-632-05274-0

The 'At a Glance' series has always appealed to medical students because the clarity and brevity provide a realistic chance of adequately covering a core subject. I was, therefore, stunned when asked to review 'Metabolism at a Glance' to find it so far from exactly that. The most striking feature is its double size making it difficult to carry around.

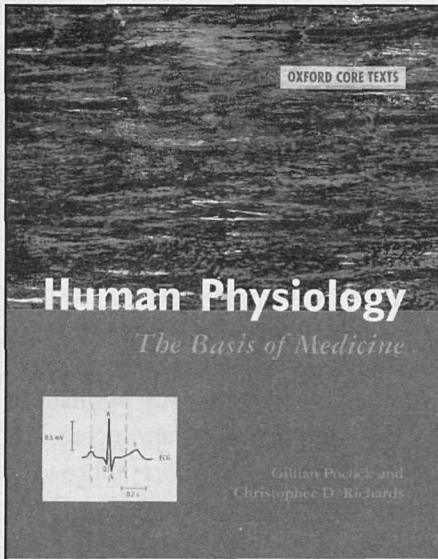
With metabolism already being

probably one of the most loathed subjects (universally) by medical and dental students, this book is far from inspiring. The inside of the front cover is a frightening flow chart connecting all cellular metabolic pathways and from this template each chapter selects the relevant pathway to describe and explain. Although the concept of highlighting the relevant pathway in order to understand the integration of intracellular metabolism is an excellent one, this book seems to have lost all simplicity and clarity in trying to do so. What seems to make the whole thing even more trying is the unnecessary use of caricature faces for enzymes and receptors leaving the reader even more bemused than ever.

Overall a disappointing addition to the 'At A Glance' collection with such complexity that even those rare budding biochemists amongst us will be left disillusioned.

Rubetta Matin

Human Physiology The Basis of Medicine



G. Pocock and C.D. Richards
Oxford university Press, 1999,
ISBN: 0-19-262538-1

Touchy subject isn't it? I mean choosing which size physiology textbook to plump for as a fresher. In the green corner there is Guyton & Hall's Textbook of Medical Physiology - a textbook that is a solid base to expand one's mind or to use as a weapon. In the yellow corner there is Ganong's The Review of Medical Physiology, a less daunting book in size and demean-

our. However, these textbooks are more than a learning tool. They also reflect the personality of their owner, truly a mirror is held to one's soul, even if the book is never opened. There are other lighter-weight contenders namely Lecture Notes in Physiology (which is probably the best book for a fresher's purpose) but we're talking about big books.

Human Physiology - The Basis of Medicine by Pocock and Richards is trying to muscle its way into the arena and the other two should certainly take note. A foreword by the eminent physiologist Michel de Burgh Daly probably won't raise the eyebrows of many but the rest of the book does live up to his hype with examples of the applications of physiology to practical and clinical problems with good summary boxes. The layout of this book and the diagrams certainly score over the other two books mentioned, as does the accuracy of its content. Arthur C. Guyton has produced some important research and theories over the years but unfortunately decided to put some of them in his physiology textbook - and this has not been met with universal

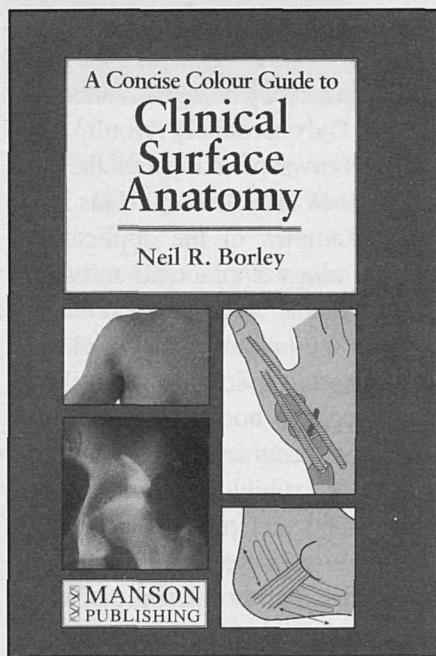


scientific approval.

If you want a big book, this is the one to go for, but physiology is often best approached by selecting the smaller, system-specific literature such as Levick (cardiovascular), Lote (renal) and West (respiratory).

Navtej S Chahal

A Concise Colour Guide to Clinical Surface Anatomy



N.R. Borley. Manson Publishing Ltd., 1997. ISSN 1-874545-29-4

Gone are the days when to study anatomy meant supplementing one's dissection of a human cadaver with extensive reading of Gray's Anatomy! Most pre-clinical students rely heavily on a fairly weighty, but readable textbook, supplemented with an atlas, as a minimum, and many seek out diagrams and explanations in other books in the library, in the hope of finding memorable sections or figures! As publishers have cottoned on to an increasing market for smaller, more approachable guides and handbooks, so there has been a huge drive to meet demand. Bookshelves are flooded with anatomy books of all sizes and varieties ranging from slim volumes that deal with only one system each, to the more traditional all-encompassing format.

An area of Anatomy sadly neglected in the curriculum up until now has been the study of clinical surface features and landmarks. Directly clinically relevant and interesting in its own right, tutorials and textbooks are beginning to cover this topic quite soundly. Second best to



studying a live subject and pointing out features with a skin marker is the appraisal of clear photographs and schematic diagrams, coupled with brief, comprehensive explanations: all of which are provided in great abundance by Borley's Guide.

Colour-coding the four main sections (viscera, head & neck and upper and lower limbs) with thumb indexes makes it really easy to flick through and gain maximal knowledge with next to no effort. Especially useful are the clinical radiographs and photographs of actual patients' anatomy showing a therapeutic intervention or investigation in progress, e.g. aspiration of a knee effusion, insertion of a low internal jugular CVP line. During the pre-clinical years the relevance of certain facts can seem dubious at the time. Integrating clinical examples in this fashion and using them to explain more mundane aspects, really brings the subject to life and offers the carrot of clinical practice in return for book-work in the early days.

Using this book as a final clinical year medic during the Orthopaedics

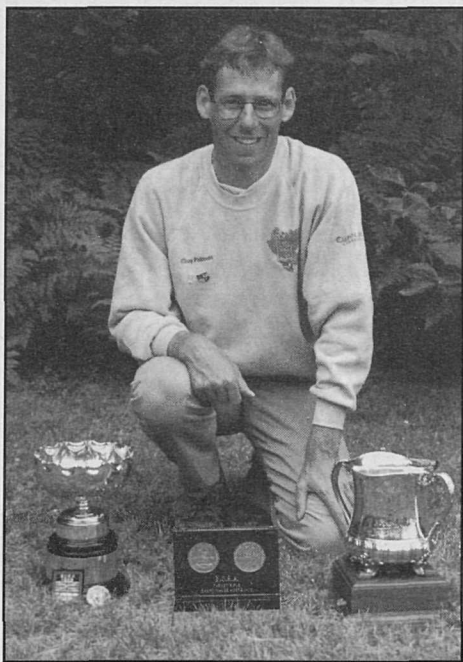
and Rheumatology attachment gave me a rather different perspective than I suspect I would have had five years ago. However, I feel students could not make a better long-term investment - this is a book to return to time and time again. The photography is second to none and the text is the epitome of clarity, covering all the surface anatomy you need to know to be a safe physician. The main competitor in this field is Lumley's 'Surface Anatomy: The anatomical basis of clinical examination'. Really personal preference must guide a choice between the two. Lumley's book is better if you prefer to go through systematically and comprehensively from skin to the deeper structures, gradually and in stages. Whereas Borley's guide is perhaps the more clinical of the two and is certainly less involved - so making it easier to skim through a section in a night!

Rina Dutta

SPORT.

Interview with Guy Palmer

Senior Demonstrator in Sedation and Special Care Dentistry, Conservative Dentistry, and treasurer of the UMDS rifle club.



GUY, WHAT CAN YOU TELL US ABOUT THE HISTORY OF THE RIFLE CLUB AT UMDS?

Unfortunately, since the merger, it no longer exists. The King's and UMDS clubs have not combined, so there is no GKT rifle club either. The old UMDS club has not met for over a year. It is a sad start to the interview, I know, but I can tell you a bit about the earlier days.

The Guy's Hospital Rifle Club was formed in the 1880's. I joined as a fresher in the 70's. We were affiliated to the National Rifle Association (NRA) and the National Small Bore Rifle Association (NSBRA).

We used a range beneath Blackfriars' Bridge, and also a range below the Courage brewery near the well known Anchor Pub, in the Borough. At that time the club was flourishing. I participated throughout my studies, until I left to go into general practice. I rejoined in 1992, attracted by a poster regarding a shoot at Bisley, the NRA headquarters in Surrey.

Membership has been falling for years. We used to meet at Bisley to compete with other London Hospitals. We were able to put twenty or more

competitors out regularly. People began to leave, and were not replaced. Low numbers have been a perennial problem. The Freshers' Fair often drums up some interest but this is typically short-lived. It is not an expensive sport, so it is a shame that it's not more popular. Until the clubs'sad demise Eddy Odell (Consultant, Dept. of Oral Medicine and Patholgy) was the president and I was the treasurer. Firearms legislation and the logistics of the merger have caused many problems. There is a lot of paperwork involved in transferring ownership of the guns. King's have a small bore range at the strand. The University of London has a thriving club, and our students are eligible to shoot with them.

HOW DID THE RIFLE CLUB PERFORM IN RECENT YEARS?

We won five of the last six United Hospitals cups at the Imperial meeting, held at Bisley. Personally, I have been concentrating on improving my shooting over the last five years. The practice has certainly paid dividends. This year I came 4th in the English XX competition, for persons eligible to shoot for England and its counties, and 3rd in the British commonwealth Clubs event. In August of this year I travelled with the England Full Bore team, as team Doctor, to Chilliwack in British Colombia, Canada. We were there to compete in the Grand Aggregate competition. I won with a score of 603 out of a possible 605, a new personal best.

I didn't shoot well at the Imperial meeting this year. I am focusing on improving ready for next year's event which is expected to be massive. It is a world renowned event and is likely to attract 1700 competitors for the new millennium.

The man worth mentioning most of all is Parag Patel, a medical student and arguably one of the top 20 shots in the world. He shot for Great Britain in the Palma Match held in South Africa earlier this year. It is the premier team championship in the world. People train for at least 2 years prior to competing. Great Britain missed out by only 8 points from a total of 14,000!



PLEASE TELL US ABOUT THE EQUIPMENT YOU USE

There are two disciplines, small bore and full bore. Small bore uses a 0.22 inch calibre bullet. It is usually shot indoors at a range of 25-100 yds. Full bore is a 7.62mm calibre (comparable to 0.303 inches). This is fired outdoors, at a range of 300-1200 yards. We don't use telescopic sights, only simple ring sights. Full bore bullets are almost 40p each. In a day's shooting I can use around 50, which works out at £20 in ammunition alone.

Historically the equipment used has improved greatly. Stainless steel barrels and stiff, single loading actions have led to higher levels of accuracy. With good ammunition and in favourable conditions it is possible to group my bullets within a 7 inch diameter from 1000 yards. The muzzle velocity is about 2,900 feet per second. At 300 yards the wind has a minimal effect on the direction of the bullet. At 1000 yards the bullet is slowed down a lot more and deviates more readily from it's intended path. The bull has a 2 feet diameter, the aiming mark, which contains the bull, is 4 feet in diameter. The whole target is 8 feet by 5 feet. Wind effects can easily cause the bullet to deviate by 6 feet at 1000 yards range, causing it to miss the target completely. It is the skill of the shooter to anticipate the wind's effects, adjust accordingly, and keep perfectly still whilst pulling the trigger.

We use wind flags placed around the range to help us with this. I tend to fire within 15 seconds of beginning my aim. A days shooting is usually broken into 45 minute sessions. We wear special jackets which help one to remain still. On a hot day exhaustion and dehydration are real threats.

WHAT DO YOU ENJOY ABOUT RIFLE SHOOTING?

It is a sport which requires total concentration, and the ability not to move. It is the antithesis of an adrenaline producing sport, yet I find it equally as exciting and challenging. I very much enjoy outdoor shooting. The full bore season runs from April to October, and it is a great way to enjoy the summer. It is very satisfying to be able to match my skill to conquer the

wind, rain, light and other conditions in order to hit a target a thousand yards away. It helps me to relax, and is a welcome break from the stresses of work. One thing that attracts me is that there is always room for improvement. It is also great fun socially. Those that I shoot with are excellent company. In order to be successful I find that I need to be self critical, patient and precise. These are all qualities which I try to employ as a Dentist, and as a shooter. I think of it as a case of mind over matter. Ultimately it is relaxing, and paradoxically frustrating if I don't perform to the best of my ability.

FOLLOWING THE DEMISE OF THE UMDS RIFLE CLUB WILL YOU CONTINUE TO SHOOT?

Absolutely. I am still a member of Wandsworth Full Bore Rifle Club, North London Rifle Club, Surrey Rifle Association and the National Rifle Association.

It is my ambition to shoot for England. I have shot alongside them in the past so my foot may already be in the door. I will continue to practice, and work on my mental preparation, which is absolutely essential before every shoot. It is not always easy if other aspects of life prove stressful. Perhaps the reason I did so well in Canada was because I was also on holiday, and able to mentally detach myself more readily. I know I can do it, I just have to go for it.

Besides shooting, I have several other interests. I am a qualified Gliding Instructor, a keen Golfer and the proud owner of a 1971 Lotus Europa. Dentistry tends to take up a bit of my time too!

Thank you Guy, it was a pleasure as always.

Mr. Guy Palmer chatted to Ross Barden.

For further details please contact guy.palmer@kcl.ac.uk



THE CHARITIES MICHAELMAS FAIR

**THE EVILENA CHILDREN'S
APPEAL INVITE YOU TO
THEIR CHARITY DAY**

To be held in Atrium 1 in Guy's
Tower on Thursday 18th
November 11am - 4pm.

An opportunity to do some Christmas shopping and support good causes in a seasonal atmosphere, provided by a local school band and of course a visit from Father Christmas, who will provide every child with a present!

Some of the items on sale are as follows: Guy's Hospital memorabilia, costume jewellery, toys, books, brick-a-brac, christmas cards and wrapping paper, cakes, and many handmade seasonal gifts. There will also be refreshments on sale.

All proceeds go to various charities

Further information from the
Appeals office:

0171 955 5000 x 4640

DEATHS

Linda R.S. Titley

Former Matron of Guy's, sadly died after a short illness at her home in Kingston near Lewes, Sussex, on 14th August 1999.

David Alfred Davies MD FRCOG

Sadly passed away on 10th December 1998.

Peter Dunbar MEDICINE - GUYS 1953

Died September 8th 1999 after a long illness borne with dignity and patience. His address was Woodford House, Wiltshire SN10 5EU.

Sydney Scott

Miss Angela Falwasser 1907-1999

One of the greatest ward sisters at Guy's sadly died recently. A fitting tribute to her life and work will follow in the next issue of the Gazette.

Ian McColl

New Subscriber

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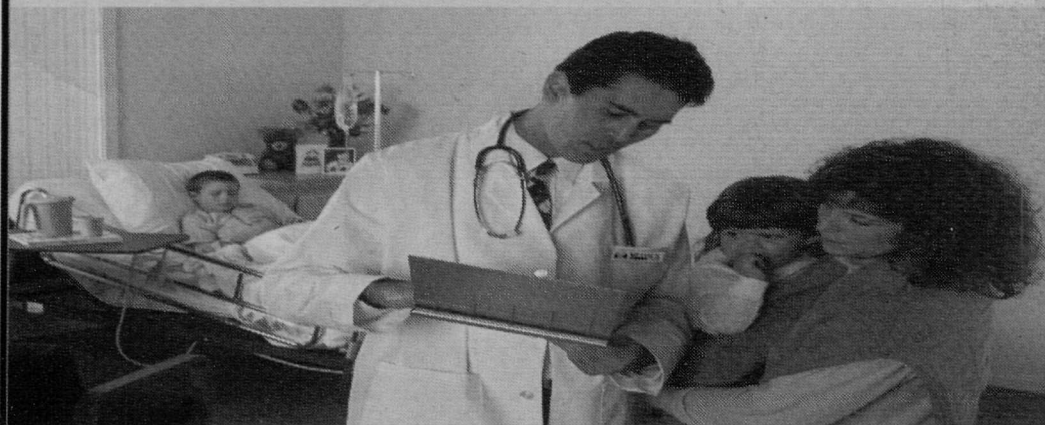
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GUY'S

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Gazette



November 1999

A Career in Vascular Surgery

Bungee jumping dentists

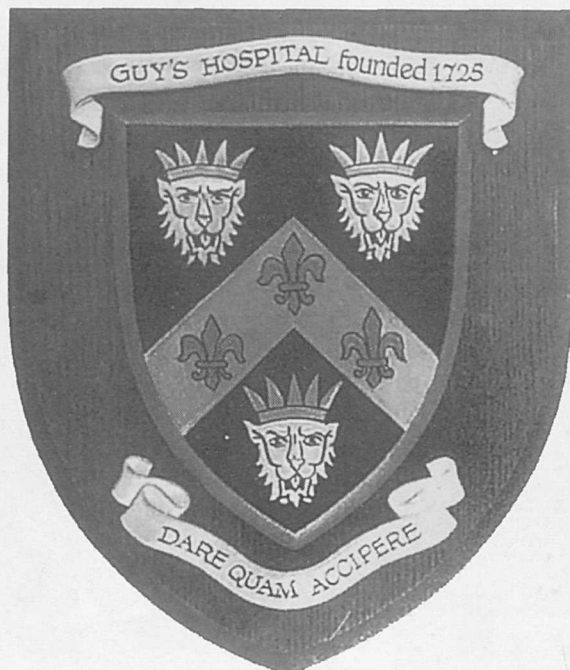
Bar Destroyed



Guy's Hospital

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GUY'S Gazette

November 1999

Volume 112 Number 2486 ISSN 0017-5870

386 Passim

388 Letters

Study areas lost, Angela
Falwasser, Smells

394 News

EMSA, Diwali Show,
MADACS, Dental Society
Bungee Jump, GKT
School of Biomedical
Sciences

403 Looking Glass

408 Research Front

Huntington's Disease

413 Features

How to get into Vascular
Surgery, Lessons from
History, How to Annoy
your doctor

418 Dental Notes

419 Reviews

OSCE's for medical
undergraduates, General
Practice - the uncertain art,
Paediatrics and Child Health

422 Sport

Rugby, Hockey, Fresher's
trials

427 Obituaries

Editor

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Passim

Just when I thought over fifty fourth year medical students, (without special study module allocations on the start date) might be a tricky problem to deal with, my attention was turned to the second year medical students at GKT (Guy's, King's and St. Thomas').

Our brand new lecture theatre in New Hunt's House has not been delivering the standard its 350 internet connection sockets might suggest. It's not that I don't like the internet. In fact I often "surf" whenever I can find a computer with a microchip in it, but as the second year seem to agree, I prefer to be able to see the paper I'm writing on. You see, the lecturers have not been taught how to use the state of the art lighting, leaving the students with a choice between either seeing the slides or their paper. If they can't work the lights, you can imagine the gallant attempts being made to equate the theatre PA to home entertainment equipment. That's right, you open the manual at Christmas and after a cursory glance, you find yourself still vowing to read it three years later. And that's when the microphones are actually available. Finding a technician is apparently as difficult as finding a manned information systems helpdesk. Luckily, SMEC were on the case as usual, and with the much appreciated help of staff, the problems are slowly being resolved.

The bigger issue is the one many Gazette readers, both students and alumni have raised. How does a year of one hundred and another of two hundred adapt to being thrown together at a very stressful time for all parties? The answer from the straw poll I have taken is that they don't. Perhaps the approach recently taken by the dean of the dental school is one to follow. Holding open meetings specifically for students might help to get some of the major issues, for example lack of communication, to those that can implement appropriate strategies quickly. Education seems to have appropriate audit strategies in place provided by both staff and students. But all too often, it appears as if the voice of students regarding other important issues gets lost, filtered, or diluted on its way to the people who really matter.

Letters

Dear Readers,

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor:

You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Editor



Study Areas Lost

Dear Professor Sir Cyril Chantler,

Re: Loss of study areas on the Guy's Campus

We are writing to you regarding the loss of certain areas that students have, until recently, been using for private study on the Guy's Hospital Campus. The particular areas that concern us are the reading room that is on the first floor of Boland House, and the Spit dining area, also in Boland House.

In the period before exams it is often impossible to find a seat in these areas in the evenings and all through the night due to the large demand. The reading room is being converted as part of the Student Union Developments and the Spit has been taken over by different caterers so we are unsure whether this area will still be available for us to use. There is to be a large increase in the number of students based on the Guy's campus and so we are concerned that these facilities will be either unavailable, be either or unable to meet demand.

As clinical students there is little chance for private study during the day, as we are expected to be in

attendance five days a week from 9am to 5pm. The revision period before exams is never more than a week long so we rely heavily on access to 24-hour facilities for private study. Although we are writing to you as members of the dental society, we feel that our medical colleagues share our concerns and indeed many of them have given their verbal support to this letter.

We would like, therefore, to have these facilities provided for us in time for the next exam session, which is prior to the Christmas break. We notice that the new Hunt's House is just about ready to be used, would it be possible for 24hour study facilities in this building?

Please do not hesitate to contact us for any further discussion.

Yours sincerely,

Sadaf Khan (Secretary)
Richard Guyver (Vice Secretary)

Angela Falwasser

Dear Sir,

The present generation of nurses in training at Guy's can have no memory of Angela Falwasser, who has recently died at Winchester.

November 1999

LETTERS



She was an outstanding surgical nurse, a legend in her lifetime and an inspirational teacher, not only of nurses, but also of students, housemen, and registrars, and she was deeply respected by the consultants whose patients were under her care:

"We were privileged to work as junior nurses on her ward in 1941. Of all the distinguished teachers that tried to educate us, it was she who taught us, by experience, what real nursing and caring meant. We learned more from her than anyone else, and remain everlastingly grateful to her."

She was not only respected and revered, but also much loved for her kindness and humility.

Yours faithfully,

**Verity Morgan (Eminson)
Helen Joiner (Lovell)**

Smells

Dear Editor,

ODE TO THE CRIBRIFORM PLATE

As a response to Tony Gardner's article concerning smells (Guy's Gazette September 1999), this may be of interest. You will note the aside to Keats', Ode to a Nightingale; 'No

hungry generations...".

It probably reflects, in part, my time as an Osteopath although it must be closer to my father's field, namely that of Dentistry. I think, he, as a Guy's man, would have enjoyed it.

Allow me to wish you continued success with the Gazette. May it go from strength to strength. And thank you for publishing Peom.

Yours sincerely

Name and address supplied

Keen Smell, Poor Taste?

Dear Sir,

To include in the September gazette the article 'Weakending', is a slight both to the other contributions of that issue and also to your readers.

The writer has obviously a keener sense of smell than of taste.

Yours faithfully

H.E.P Grabaskey



ODE To The Cribriform Plate

O, boney fabrication delicate
Olfactory gateway light and perforate
Whereby the rose's perfume lives
And claret's exquisite bouquet
Brings to the day
Its sun-born treasure
To light the eye with pure olfactory pleasure.
When luscious, scented strawberry sings
Let fragrant joy take flight
On sphenoid wings
And with a sheer delight
Continue on her cranial journeyings.
Ethmoidal part so intricate,
O, fine and Grecian-formed plate
No hungry generations dine off thee
And yet within all people thou hast been
Guide to a thousand pleasures all unseen.
What store of fragrant memory
What melody of scents untold
What aromatic symphonies of old are known to thee?
Dwell now on Cos and far Ionian shores
And to the south 'mid proud Egyptian scene
With perfumed majesty
Let Cleopatra's barge caress a sea
That sparkles in return, with bright delight,
Spiced and beguiled beneath an azure sky.
What grandeur then was yours, O, Cribriform!
And yet, in Galilee,
The humble smell of wood
From the Carpenter's floor
Will mean much more.



Porphyria: A Historical Approach

In the Hanoverian line existed a mad king
Plagued by stomach cramps and very bad skin.
Courtiers and lackeys were called to the King's toilet,
The King had passed water in a hue of violet.
Physicians were called to examine this hysteria,
In 1966 Macalpine and Hunter diagnosed porphyria.
Bled and cupped to his hearts content,
Doctors hoped that this would relent.
Numerous disorders noted in the scriptures,
All were treated with the very best of tinctures.
This would only precipitate further misery,
Suffering from repeated gout, bile and other injury.
Life went on and thirteen children he bore,
Charlotte of Mecklenburg could take no more.
Many of his children developed a similar complaint,
Offering the possibility of a genetic trait.
In 1836 Croker picked up on this idea,
'A Royal malady' he said the House must fear.
In retrospect there is no firm evidence,
Which finds me in an annoying suspense.
Intrigued by the fact this illness is high in Pretoria,
How can it be related to our late Queen Victoria?
To delve further into this intriguing conundrum,
I must first depart from the town of London.
Flying south to the warm climes of Johannesburg,
Researching the link to the house of Saxe-Coburg.
A latent historian I believe in this respect,
A student I am bound by in this context
To pursue a career in the subject of derm,
This bursary I know will rightly confirm!

Alexis Bowers
Final year student



Calling All Cooks

The League of Friends at Guy's & St. Thomas' are joining forces with the Special Trustees and the Catering and Dietetics Department at Guy's to create a millennium cookbook. They are ap-

pealing to all budding chefs to submit recipes to them to be included in the book that will go on sale in their shops next year. They would like recipes from all over the world with information about the sender, i.e. your name and association with the Hospitals.

If you feel that you have a recipe that you would like to be included you can request a blank recipe form from Karen Sorensen, Nutrition and Dietetics, 1st Floor, Thomas Guy House, Guy's, through internal post. Thank you in advance.

Bar Wrecked

Due to a burst water pipe on St. Thomas' Street, months of preparation and construction overseen by KCLSU (King's College London Student Union) was severely damaged recently on Sunday 24th October. Knock on effects of the flood meant temporary closure of Boland House, New Hunts House, Henriette Raphael, and Shepherds House, leaving hundreds of students with nowhere to go. At the time of writing, it was not clear how long it would be before any of these services returned to normal operation.

Gunnell Shovels

Southwark Cathedral was host to Olympic gold medallist Sally Gunnell, OBE on October 25th. She helped by Lord Whitty, Environment Minister with responsibility for Health

and Safety, launch the start of Health and Safety Week, which ran from 25 – 31 October. Wearing hard hats and boots, they gave a helping hand to construction workers carrying out work at the side of the main entrance to Southwark Cathedral. With

approximately two million people suffering from ill health caused by work and 20 million working days being lost each year due to work-related ill health, the aim of the week is to make the British workplace a safer and healthier place to be.

GUY'S

**HOSPITAL
MEDICAL &
DENTAL
SCHOOLS**

Gazette

DO YOU WANT TO GET INVOLVED WITH THE GAZETTE?

**ARE YOU A MEDIC, DENTIST, BIOMEDIC,
NURSE, PHYSIOTHERAPIST?**

The Gazette is would like to hear from people interested in contributing material and helping with production. If you are interested, or have any ideas for other contributions, please e-mail us with your details at:

guys-gazette@umds.ac.uk

Jobs on offer include:

**Assistant Editor
and
News Editor**

We look forward to hearing from you!

Editor

NEWS.



European Medical Students' Association

EMSA (European Medical Students' Association) is a growing society at GKT. We aim to make medical students more aware of the opportunities within Europe and to meet fellow medics abroad. This year there have been a number of subsidised trips to Amsterdam, Brussels, Cairo and Germany, where students have represented GKT. But EMSA is not just a society for travelling.

What can EMSA offer you?

- involvement in the organisation of national events for medical students
- learning a new language through Eurotalks
- opportunities to travel abroad for medical conferences
- humanitarian projects – local and within Europe
- we will also support your own projects/ideas, whatever they may be!!

Medicine in a Crisis

We are planning to organise a few events at GKT, the first of these will be 'Medicine in a Crisis' on 11-12th March 2000. This conference is aimed at all medical students with an interest in conflict medicine, a speciality that is not yet taught in medical schools. It is intended to give a clear picture of what it might be like to practice medicine in such an area. It will encompass medicine that is routine during warfare and in the post-conflict recovery setting.

During clinical training, the majority of medical students do not get the opportunity for hands-on experience in certain practical procedures. We hope to equip medical students with some of the practical skills that they may require, if they were to be involved in conflict medicine. In particular, we hope to attract students who are considering participating in overseas humanitarian aid projects.

Programme

This event will be held over two days at Guy's hospital campus covering four



sessions on conflict medicine and two practical traumatology workshops. Following an introduction to conflict medicine, accounts of the range of war-related injuries and the co-ordination of medical and voluntary organisations will be reviewed. Finally, there will be a discussion of how medical students themselves could help in such situations. Participants will be divided into subgroups and have the opportunity to rotate through hands-on clinical skills stations using mannequins, models and simulators. In the evenings, there will be a social programme after the day's events for all the conference participants. The majority of whom are expected to come from the UK and the remainder from the rest of Europe.

How can you get involved?

Holding a conference of this nature entails a great deal of work and so we will need as much help as possible. Anyone who is enthusiastic and willing to try something new will be very welcome although those with previous experience in organisation and/or sponsorship are particularly needed. All those interested should contact EMSA by e-mail or write to our address (see below). If you are a doctor, your help and advice regarding the traumatology workshops and any other aspects of the conference will be greatly appreciated.

How to contact EMSA

EMSA Office Prideaux Building Medical School
St. Thomas' Hospital London SE1 7EH

If you have any further queries, please do not hesitate to contact EMSA GKT at the following:

e-mail: emsa@umds.ac.uk

fax: 0171 922 8254

internet: <http://www.umds.ac.uk/emsa-uk/>

GKT has given its full backing to this conference and we are thankful for the support and advice from Professor Gwyn Williams, the vice-dean of the college and all the other members of staff who have helped EMSA so far.

Robin Ray & Shazia Qureshi
Co-Presidents of EMSA GKT



I guess I should start by hoping this has actually reached you well in advance of Wednesday 17th November. Why? Because that is the date of the first GKT Charity Diwali Show!

This year, Brixton Academy plays host to our show. It boasts the largest stage in Europe and artists such as Lenny Kravitz, Eddie Izzard and Lauryn Hill have performed at this highly prestigious venue.

For those who do not know, the Diwali Show is held annually to coincide with the Indian festival of lights in order to raise money for good causes such as Tommy's Campaign.

Acts including singing, dancing, comedy sketches and catwalks, the latter

being are organised by students of this establishment and it is still not too late for you to take part. The ONLY requirement is that you are a student at GKT!

Alternatively, if you are interested in watching the show, tickets are on sale in the "Spit" costing £16 each. This allows access to the after-show party as well as the show.



I hope to see you there!

Medical and Dental Advisory Committee

Guy's and St. Thomas' Hospital and the GKT School of Medicine are so full of committees that it would be possible for consultants to spend their whole time ensconced in committee



meetings to the detriment of their duties to teach medical students and treat patients. Reorganisation follows reorganisation, each new reorganisation spawns new committees and committees once formed are very reluctant to dissolve themselves. The Medical and Dental Advisory Committee is the committee of all the consultants who work in Guy's and St. Thomas' Hospitals, principally the staff of the Guy's and St. Thomas' Hospital Trust but also including some others, such as consultant psychiatrists who work in the South London and Maudsley Trust and hold honorary contracts in our Trust. It is a statutory body and a similar body exists or should exist in all hospitals throughout the country to consider all matters related to the running of the hospital and to provide advice to the Administration.

It was formed by the amalgamation of the Medical and Dental Committee of Guy's Hospital and the Medical Advisory Committee of St. Thomas' Hospital after the Guy's and St. Thomas' Hospital Trust had been formed. It held its first meeting on July 17 1995 when it changed its name from the Combined Consultants' Committee to its present title. It meets on the third Monday evening of each month alternately in the Guy's Tower lecture theatre or the Nevin lecture theatre at St. Thomas'. Meetings are usually

attended by between 40 and 80 of the 410 consultants in the Trust (including honorary consultants). The committee has an elected Chairman, currently myself, who normally serves for two years, a vice-Chairman, currently Dr. Martin Black, who will succeed me, and is assisted by an extremely patient Secretary who also manages the Medical Director's office.

The principal business of the committee is to consider major developments in the Trust so that the consultants may advise the Trust officers of their views. Current items are the closure of the Accident and Emergency Department at Guy's, the shape of the Critical Care Services which will be left at Guy's to cover the renal and other wards, the proposed move of the children's services to the Women and Children's Hospital at St. Thomas', cover for obstetric services at Guy's until their transfer to St. Thomas', the proposed eventual split of paediatric neuroscience services from the Newcomen centre and the gait analysis laboratory which will still be at Guy's, and the planned development of cancer services on the Guy's campus. These discussions help to inform consultants of new developments and provide more opportunities for expressions of opinion than is possible



through the clinical directorate structure. They also offer consultants who are not part of the management hierarchy a platform from which to express their views about new proposals. At the very least, this offers a safety valve and at best provides a constructive contribution to the planning and running of the hospital.

The meetings begin with a welcome to new consultants and a short report from the Chairman. The business also includes clinical issues of which the construction and dissemination of clinical guidelines on the Trust Intranet, being master-minded by Dr. Mark Kinirons, are a good example. The Trust officers usually attend the meetings, which is much appreciated. Reports from the Chief Executive, Medical Director and Manpower Committee are regular features. The Deputy Head of the GKT School of Medicine and the Dean for Post-graduate Studies attend and bring us up-to-date about matters to do with both postgraduate and undergraduate schools. The committee appoints a sub-committee, usually led by the Chairman, to recommend colleagues for Distinction awards to the Regional Distinction Awards Advisory Committee. The Committee has the pleasant duty to recommend emeritus consultant status to consultants who have just retired or are about to retire. This custom was in

danger of falling into abeyance and I am concerned that one or two worthy recipients of this honour may have been overlooked. If so they, or their colleagues, should contact me. The honour confers the right to make use of the libraries and museums of the School and to attend post-graduate meetings. The meetings last about an hour and conclude with an appropriate libation to set a friendly seal on the appointment of our new colleagues.

When the Guy's Accident and Emergency Department closed at the end of September, my own inpatient beds moved from Guy's to King's College Hospital, not a move which I anticipated when I was elected vice-chairman three years ago. Since it would be inappropriate to have as Chairman of the MDAC a consultant who has his inpatient beds in another Trust, I shall have tendered my resignation to the Committee by the time this article is published. I shall do so with regret because while my beds may be at King's, my roots are in Guy's. Times change and we must change with them. Clinging to the past will not help us seize the opportunities which the GKT School of Medicine and its associated Trusts offer. My fervent prayer is that the Partnership Board of senior members of the School and its associated Trusts will flourish so that our Trust and the King's College



Hospital Trust will form an organisation coterminous with the School, in which the constituent hospitals may collaborate, enjoy their own site management and wear their own much cherished badges with pride.

Richard Hughes

Guy's Dental Society Goes Bungee Mad...

After weeks of planning and preparation, eight intrepid adrenaline junkies woke on Saturday 23rd September to begin the long journey from their beds to the top of the 170 foot UK Bungee Club jump tower at Alexandra Palace. Many more had failed at the first hurdle. Claiming the event would be 'rained off', Guy Palmer remained in his bed - a later confession revealed it was the colour of his underwear and not the sky which dissuaded him.

This became the predominant theme of the day. No amount of joking and bravado during the tube journey from Guy's would conceal the fact that everyone was nervous. The entourage of family and

'friends', providing sophisticated cameras and recording equipment, were just as ready to provide shock statistics and compelling reasons why they would only be watching.

Despite this the group finally arrived. After registering and being processed, with personal details printed on our hands, each person was given a tiny yellow ticket. A small ticket with a big black number. Some nervous ticket exchanges took place. Everyone waited.

Time was eventually up. After re-checking details each person was

colour coded according to weight and placed on a conveyor belt of procedures. First shoes, then straps were placed - waist and ankles. No personal belongings. Colour code check - a corresponding flag tied at the waist. No earrings. Finally the cage lowered from the previous person and with feet tied, shackled volunteers struggled forward to sit in the cage. A final check - this time read aloud in a monotone voice, with ritual gestures made at authoritative charts. The cage door slammed:



Sadaf Khan



As the cage rose skyward everything seemed to change. The noise from the ground faded and onlookers became insignificant dots. It was no longer a performance for others but a personal battle. No-one was going to push you or make jokes. So too were comforting words absent. With everyone gone, you had come face to face with yourself.

The wind swirled and the cage rotated offering a spectacular view of the Capital. Central London was visible through the haze, with Guy's Tower standing firm. My heart racing, the safety door swung open. I stood. My blood thundered round thick with adrenaline. My hands gripped the side. I looked over the edge. I dared myself to look straight down. I could see but it made no sense. Every inherited instinct said no. I was fighting 100,000 years of survival training telling me I was going to die. I had never willingly stood this close to the edge of my personality. Someone was shouting. I have to go. A raging internal battle ends and my brain wins. To my own dismay, my hands actually let go.

I am shouting but everywhere there is silence. My whole body enters the top of my skull. It tries bursting out through my eyes. I can see faces. I can see they are shouting too, but still

silence. My stomach churns as I am hurled several times. What is happening? Everything is over so quickly.

I am caught by the ground crew and laid on my back. As the effects of my overdose wear off I am unhooked. After a brief pause, I put on my brave face as if acting sober in front of my mother. I stagger over to the attractive girl on the front desk to collect my personal video. She asks if it was OK and I actually chat her up. "Fantastic. How was it for you?" She laughs. Nice one. Looks like I've recovered.

The intrepid jumpers were:

Tariq Hussain
Harmeet Kaur
Sadaf Khan
Hashim Mohamed
Kevin Munns
Peyman Pakyari
Atif Saeed
Harmander Sehmi.

Thanks to everyone who for organising the trip and to Guy's for financial support.

Kevin Munns
Final Year Dentist.



GKT School of Biomedical Sciences

The second half of 1999 has seen the transfer of over 600 teachers, researchers and support staff, to the Guy's Campus. This resolves the problem of how to locate their biomedical activities on a single site, which both KCL and UMDS had grappled with for over 15 years. Thus, King's College merged with the former Chelsea College and Queen Elizabeth College within the University of London in 1985, but did not achieve a site rationalisation, so that teaching has been on 4 sites throughout that time. Equally, UMDS (formed in 1983) was unable to unify anatomy, biochemistry, physiology and pharmacology (latterly the first two were at Guy's, and the second two at St. Thomas'). With the exception of two groups at the Rayne Institute at St. Thomas' all of the School of Biomedical Sciences research will now be at Guy's, as will all core courses in science and the first two years of medicine and dentistry.

The new Guy's campus of King's College owns substantially all the land to the west of Great Maze Pond to Borough High Street, and should provide an excellent environment for teaching, learning and research. The buildings presently in use by the



Navtej Chahal

A significant amount of New Hunt's House is used for biomedical sciences teaching and research

School of Biomedical Sciences are the rebuilt New Hunt's House (opened on time in August '99), Hodgkin Building (formerly the Medical School Building), Henriette Raphael and Shepherd's House. The last three are now physically linked.

Although the merger of King's and UMDS has been a time of unprecedented change for both institutions, certain values, which were always held uppermost at Guy's will endure into the future:

Firstly, commitment to excellence in medical, dental and biomedical sciences education. A new dental curriculum was launched in 1998 and a completely new medical curriculum was initiated in September 1999. We are also teaching of a wide range of biomedical sciences three year BSc programmes to science students, including human biology, pharmacol-



ogy, physiology single honours courses, and a professional qualification and BSc in physiotherapy.

Secondly, a commitment to continuing research excellence. Guy's has accommodated and nurtured many outstanding scientists in the past, and we are determined to maintain a physical and intellectual environment where this can continue in the future.

Certainly the physical environment should be as good as any inner city University in the UK, providing a fine campus around the Memorial Gardens. We hope to arrange open days in due course to allow alumni to see for themselves!

S Howell

Head of School

GKT School of Biomedical Sciences

Miss Patricia Archer

Miss Archer has been awarded the degree of Doctor of Philosophy by the University of London for her thesis on the founding and evolution of the Medical Artists' Association of Great Britain.

Dr. Archer was a graduate of the Slade School of Fine Art and worked at Moorfields Eye Hospital, The Royal London Hospital and the Maxillo-

Facial & Burns Unit at Basingstoke and Roehampton before coming to Guy's in 1964 as Head of the Department of Medical Illustration, a post she held until 1983 when she took early retirement.

A fine artist, many members of Guy's staff were indebted to her for the beautiful illustrations she prepared for their papers, books and lectures. She was also a skilful teacher and many of those who had served their apprenticeship with her went on to hold senior posts in other hospitals.

Dr. Archer was active in the development of the Medical Artists' Association, helping to bring it to the present professional state which it holds under the patronage of The Worshipful Company of Barbers. She was Honorary Secretary of the Association from 1964 until 1968, held the Chairmanship of the Education Committee from 1976 until 1984, and was for many years a Member of the Board of Examiners for the Association's diploma. She was elected Chairman of the Association twice, from 1984-1986 and from 1990-1993. Since 1986 she has held the office of Honorary Archivist to the Association.

WNM

LOOKING GLASS



View From The Labs
(Episode One)

You're Doing What?



It's the new academic year at GKT and everywhere you look around Guy's there are groups of students. From intimidated freshers bunching up close and whispering in tentative tones outside lecture halls, via brash peroxide second years swapping insults, rumours and cigarettes over the green, to jaded final-years sweeping in flocks with their grey-white coats, mumbling behind red-faced professors, all of medical school life is here. As a medic, you are always in a group: introductory group, tutorial group, SSM group, firm, exam and viva groups...often with the same people brought together by quirks of alphabet and surnames.

This year however, I'm not in any group. I've cut loose from the usual warm support of colleagues and struck out on my own. I'm starting a MB PhD.

When people ask what rotation I'm on, or if I'm at Lewisham, I have to reply: "I'm doing a PhD". Whatever their verbal reply, their faces always say the same thing: "What the hell? Why on earth? Who does this bloke think he is?". So I've decided to set a few things straight about this most unusual and misunderstood medical school options, in this, my first column.

1. The PhD, or Doctor of Philosophy, is a non-medical doctorate awarded (in the scientific field) for producing a large, substantial body of novel research (the thesis). PhD theses can be about anything, from research on soil through neonatology to music or philosophy.

2. There are no exams, and you don't do it "in" a subject (unlike a BSc which is done in, say, physiology). Instead, you join a working lab and concentrate on one, often highly specialised, research area.

3. You can apply to join the MB PhD programme in the first clinical year, and you must have done a BSc. Usually less than ten people apply, but it varies greatly from year to year. Like everything in medical school, people tend to follow others so some years there is a snowball effect where seeing that there are a lot of applicants encourages others to consider it (this didn't happen this year).

4. It is a relatively new programme. The first GKT (or UMDS as was) MB PhD student started as a pre-reg house officer last year.



5. If you fancy it, you first must find a lab and supervisor willing to take you on, that you like and feel comfortable with, and which can offer you a worthwhile, interesting and challenging project. This can be the lab you did your BSc in, or, equally, somewhere completely different.

6. Selection is by interview. As well as considering the student, the selectors will also evaluate the suitability of the project, for which you and your intended supervisor must provide a detailed breakdown. If accepted, you are awarded funding from the Special Trustees.

7. A PhD usually takes three years, although there is no set time limit. At the end the student will have produced a huge, thick, blue thesis crammed with figures and data which runs into several hundred pages. You'll see past theses in the medical library, thick blue books with people's names and years written in gold on the side.

8. There are many PhD students at GKT who aren't medical students, in fact these are the vast majority.

9. After the three years the student returns to medicine for their final two years. They are given no special treatment and the course is not "accelerated" in any way.

10. Yes I will have been here for 9 years!

PhDs aren't for "spods" or for people trying to earn CV points. They're for people genuinely interested in research. But doing one doesn't mean that you will go into research exclusively by any means. The idea of the MB PhD programme is that you will have clinical, ward-based doctors with experience of the nitty-gritty and techniques of scientific work. And as we enter the evidence-based age, research qualifications will become more and more important, even for pure clinicians. So that's the "What the hell?" question dealt with. As for "Why on earth?" I wanted to do one, well perhaps that's a subject for a later column. Finally "Who does this bloke think he is?" will be dealt with in a series of lectures, venue Guy's Bar, Friday nights, 5 o'clock onwards...

GREG JAMES

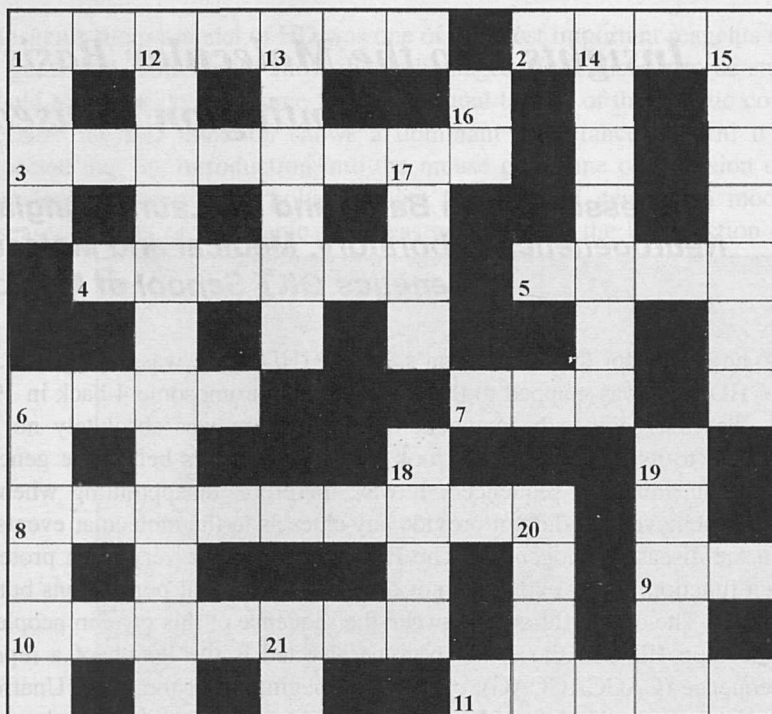


Dean's diary

Recollections of days yonder, Dean passes on fifty years of wisdom from being at the helm of one of the foremost medical schools in the land.

College spirit

Trying to discipline medical students these days is a bit like telling that loveable George fellow on the security desk if he could refrain from using so many vulgarisms. I am not against the traditional medical school japes with the odd piece of signage stolen here and a failed betting scam there. Invariably the luckless targets of our jocularly would be a rival medical school (I do remember when Mary's tried to goad us once by repeatedly thieving our library books but it later transpired that they were ordered to do so by their hard-up college). Unfortunately with the merger of seemingly random institutions, much of the rivalry has disappeared quicker than you can say "eight of the Queen's finest, barman." The pent-up emotions and creativity found in all hot blooded medics (and dentists, my enamel-inclined wife reminds me) is often vented on the unsuspecting public. I hear that students are now turning away from the warm bosom of the bar on a Friday night and attending "technical house garage" concerts that my granddaughter talks so highly of. How can the master expect to ingrain discipline in the flock when it is scattered all over seedy "night clubs" in the deepest darkest bowels of South London. It does not help when the sheep dogs are reprobate individuals more concerned with stoking a smouldering fire in the new "Guy's" bar. I refer to those approachable "bouncers" affectionately known by some as the Mitchell brothers who, I am informed, are characters in a wonderfully elaborate and fanciful action-packed crime thriller, set in dear old East London. There appears to be no desire on students to behave in public these days, and why should they? We used to represent the college and consequently the good name of the dean. In return we could rely on unequivocal support whenever we landed in hot water. It was not uncommon for the dean to put up our bail or soothe angry landlords, bereft of rental for months on end. We would eventually have to face the music (bed-pan duty for a week or such like) and naturally we were expected to march towards gun fire and up-hold the good name of Guy's whether it be during Rag Week, helping old ladies across the road or stealing Scumbags' rugby team mascot.

**ACROSS**

- 1 Willow bark derivative
- 2 Gangrene of the mouth
- 3 Small red and fleshy
- 4 Angle of the jaw
- 5 Fluffy on one side and smooth on the other

- 6 Becomes a focus in a previously healthy person
- 7 Replenishment when one reaches the age
- 8 Holding it back even if you don't want to
- 9 A medical student's nightmare
- 10 It's sinister to see this white
- 11 Indirectly balances body water

DOWN

- 1 On the top of the heart
- 6 Shoulder or pelvis
- 12 Without which one would have no teeth
- 13 Impressionist who had rheumatoid arthritis
- 14 Ophthalmologist

- 15 Hydroperitoneum
- 16 Liver's the best source
- 17 Through the looking glass
- 18 Cleft
- 19 Always check the ears and elbows for these
- 20 Ranvier has one

RESEARCH FRONT

Insights into the Molecular Basis of Huntington's Disease

**Professor Gillian Bates and Dr. Laura Mangiarini
Neurogenetics Laboratory, Medical and Molecular
Genetics GKT School of Medicine**

The search for the Huntington's disease (HD) gene was a long haul. The HD gene was mapped to the short arm of chromosome 4 back in 1983 - the first gene to be mapped for which there was absolutely no prior indication as to its location - but it took a further 10 years before the gene was cloned and its mutation sequenced. It was, therefore, disappointing when this momentous achievement did not provide any clues as to the molecular events that result in the disease pathogenesis. The HD gene encodes a very large protein of unknown function that is expressed not only in all neuronal populations but also in all tissues. The only difference between the sequence of this gene in people that do not develop HD and those that become affected is the length of a repeated DNA sequence (CAGCAGCAG), close to the beginning of the gene. Unaffected individuals generally have less than 34 repeats whereas 36 repeats or more have been found in those who have gone on to develop the disease. The CAG repeat codes for glutamine and, therefore, is translated into a stretch of glutamine residues in the HD protein. The mutation is said to result in a polyglutamine expansion.

This type of mutation had been described two years previously when a mild form of motor neurone disease (spinal and bulbar muscular atrophy) was found to be caused by a polyglutamine expansion in the androgen receptor. However, it was the cloning of the HD gene that focused attention on unravelling the molecular mechanism underlying these diseases. The discovery shortly afterwards that spinocerebellar ataxia type 1 is also caused by this type of mutation made it likely that this is a common mutational mechanism in neurodegenerative disease. To date, eight polyglutamine expansion diseases have been identified.

When the lab was established at the beginning of 1994, it was clear that a

transgenic mouse model of HD was one of the most important reagents that could be generated. This would allow the early stages of the disease to be studied and would also provide a resource for the eventual testing of therapeutic compounds. Because the HD mutation shows a dominant inheritance pattern, it could be expected that the introduction into the mouse germ line of a version of the HD gene carrying very long polyglutamine tracts would generate a model of the disease. One set of transgenic lines was generated by the introduction of exon 1

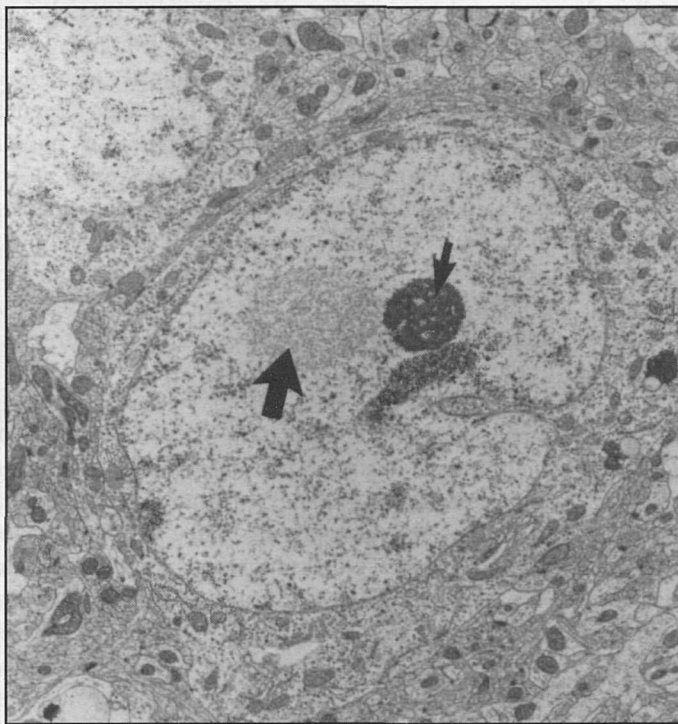


Figure 1

(the first part of the gene) carrying repeat expansions of approximately 150 CAGs. This produced a small (transgene) protein that could be detected in all tissues. These lines developed a neurological disorder with many similarities to HD. One line (R6/2) has an age of onset of approximately 2 months and has proved particularly useful as it has been possible to carry out an extensive characterisation of these mice in a relatively short time frame.

The initial neuropathological analysis of these mice was conducted by Dr. Stephen Davies (University College London). Despite a pronounced neurological disorder, he initially found no evidence for neurodegeneration in the brains of these mice. The first major difference between the transgenic mice and their non-transgenic litter-mates was detected when antibodies to the small exon 1 protein became available, making it possible to look at the location of the transgene protein in neurons. In the symptomatic mice from all transgenic lines, these antibodies detected an intense focus of staining in the neuronal nucleus which was absent from the controls. Examination by electron microscopy showed that this corresponded to a granular and fibrillar structure, termed a neuronal intranuclear inclusion that was distinct from the nucleolus (Figure 1). The significance of these structures was not immediately apparent as protein deposits had never been described in Huntington's disease. However, polyglutamine aggregates in the form of inclusions have now been detected in post mortem brains from individuals who had suffered from all of the polyglutamine diseases. In Huntington's disease, it appears that the large HD protein must be cleaved before aggregation can take place. Therefore, as the HD transgenic mice only express a small polyglutamine containing fragment of the HD protein, they may by-pass the first step in the pathogenic process.

When it first became apparent that the introduction of exon 1 of the HD gene was sufficient to cause a neurological disorder in transgenic mice, our colleagues, Hans Lehrach and Erich Wanker (Max Planck Institute for Molecular Genetics, Berlin) began to work with these proteins *in vitro*. They produced fusion proteins in bacteria containing a range of polyglutamine repeats (both in the normal and mutant range) as fusion proteins. They demonstrated that the proteins containing repeats in the pathogenic range can self-assemble into polyglutamine fibres. These fibres had the structure of amyloid as previously described in the amyloid plaques seen in Alzheimer's disease and the prion deposits seen in the spongiform encephalopathies. The rate at which these fibres can form increases dramatically as the repeats expand from 32 glutamines in the normal range to 37 glutamines in the pathogenic range. This strongly suggests that the ability of polyglutamines to assemble into these structures is the molecular trigger that causes Huntington's disease. The large polyglutamine aggregates present in the transgenic mouse brains and in autopsy material from HD patients represent the end stage of this process. The conformational changes and early intermediates that make up the steps in this aggregation pathway are currently unknown.



The HD transgenic mice have allowed the onset and relative progression of the neurological symptoms and neuropathological changes to be determined. Polyglutamine aggregates can be detected in line R6/2 brains before four weeks of age, prior to the onset of symptoms at approximately 2 months. In contrast, neuronal cell death is a very late stage occurrence that cannot be detected until 14 weeks and then only in very selective neuronal populations. Therefore, the R6/2 symptoms are caused by neurodysfunction and not neurodegeneration and insights into the basis of the cellular dysfunction are starting to emerge.

The generation and characterisation of a transgenic mouse model of HD has most likely uncovered the molecular trigger that causes this and the other polyglutamine disorders. This has completely revised the possible targets for therapeutic intervention in these diseases. A major focus of the work of the group is now to use the mouse model to test agents that can be predicted to be neuroprotective.

Figure 1 Electron micorgraph of the nucleus of a striatal neurone from an R6/2 mouse of 12 weeks of age. The polyglutamine inclusion is indicated by the large arrow and the nucleolus by the small arrow. Courtesy of Mark Turmaine and Stephen Davies (UCL).

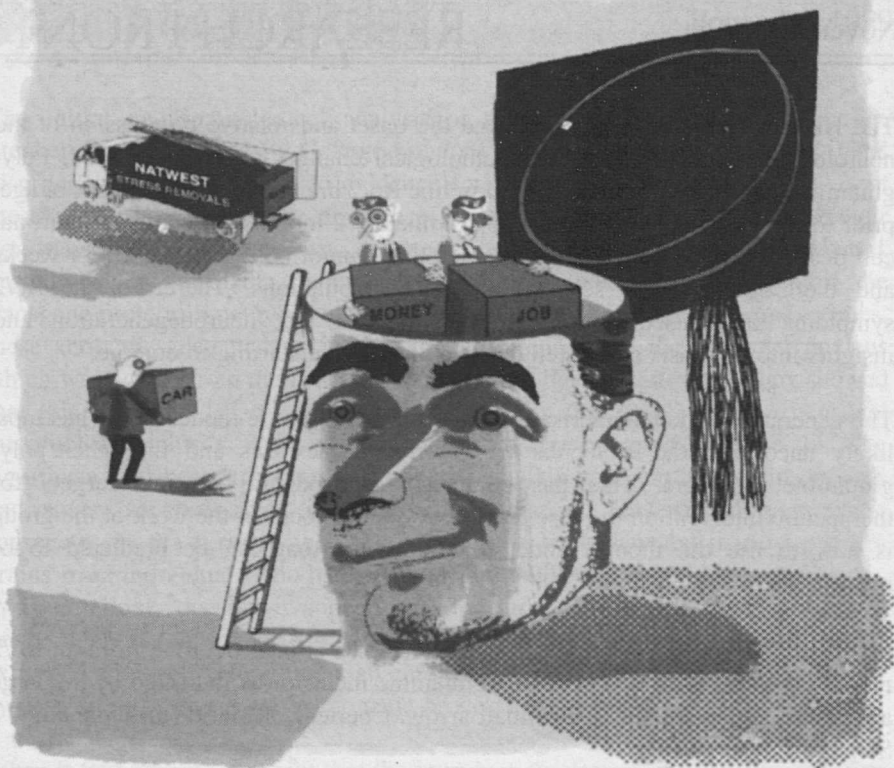
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FEATURES.

How to get into Vascular Surgery

What career paths should you take in terms of SHO/Reg. rotations?

Good, general surgical rotations as a basic surgical trainee. It is helpful if you can gain some vascular experience in the early years. At least 2 years of specialist vascular experience are required as a higher trainee.

What are the 'on call' hours like?

As a consultant, these can be demanding. Ischaemic legs and aneurysms need consultant involvement - at whatever time of night.

What exams do you have to take?

FRCS. At the moment it is still helpful to have an MD.

The high (and low) lights of the job?

High: Technically demanding surgery. Exciting emergencies such as vascular trauma and ruptures.

Low: Many patients are chronically sick and fragile. Often they are unwilling to help themselves as well.

How long it takes to get to the top?

Expect to reach consultant by about 35-36

Do you get time to 'relax' with the other half?!!!!!!! (No specifics please!!!!!!)

Yes plenty - unless you want to be a super surgeon and an academic, and a college/medical school political high flyer.

Miss S. Hill
Consultant Vascular Surgeon
University Hospital Lewisham



Lessons from History

About thirty seven years ago I was called to see an old patient of my father's, who complained of having a severe sore throat for three days.

On arriving at his house his wife told me that he had not eaten or taken fluids for two days as he was in so much pain and had a fever. I could see from the foot of his bed that he had a trismus (lockjaw). I searched for a wound but found none except for a very sore, red mouth, with his masseter muscles on each side in tense spasm.

I said to the wife that he had tetanus with the typical "risus sardonicus" rigid smile which I had seen twice before in Orpington Hospital under Mr. T.T. Stamm during the last world war.

I rang the ambulance service, as the EBS could not help to arrange his hospital admittance, but only for him to be seen in A & E at the Mayday Hospital. There the Casualty Officer could not find a wound, and so had him transferred to the Fever Hospital at Waddon giving a provisional diagnosis of Bulba Poliomyelitis acute phase. They watched him deteriorate and die two days later. At post mortem they found infection in the mouth and, under a gold bridge built on stumps, the anaerobic tetanus infected wound.

A few days later the wife came to my surgery and showed me the death certificate, which showed death by tetanus infection in the mouth. I asked her if he had been gardening in the last two months. She told me he had been nailing up a fence. As the gardens in that area were a field where horses were kept many years before, I asked "Did he drop some nails on the ground and then pick them up and put them in to his mouth?" She replied "Yes". So that was a way some dormant tetanus spores got under the teeth. One Guy's consultant told us as students; "If you see an elephant coming along the road, do not call it something else". Common diseases commonly occur.

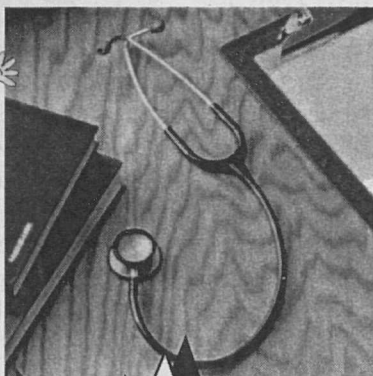
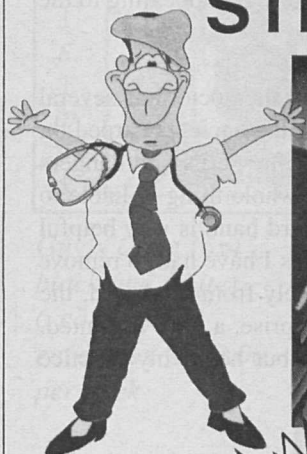
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How To Annoy Your Doctor

'Zits, pus etc....'

What could there be that was annoying or offensive about the humble sebaceous cyst? One patient called it a sagacious cyst. I haven't seen many of them or the apocryphal case of asteroids. Inside every doctor is a lancer of boils and erstwhile pimple-squeezer just waiting to get out. It is my concerted belief that patients save their extra special zits for us to evacuate with the excuse that it's too far round to get at - when in truth they are appealing to the aforementioned alter ego.

Faced with the throbbing furuncle, carbuncle - or whatever; the doctor has several courses of action; the end product being that laudable pus the ancients carped on about. Aficionados of the loaded sebaceous cyst will know the perils and dangers of tackling the project with only two hands - because the whole thing is liable to explode in almost any direction once it's squeezed. The third hand is very helpful but often absent when it is needed most. On these occasions I have had to remove 'matter' from the ceiling, the carpet, and recently - uniquely from my beard, the lapels of my suit and the right shoulder of same. I felt surprise, a little affronted, but not upset. Fortunately the patient saw none of this, but heard my practice nurse giggling. Now that was annoying:

THE END

Anonymous

GUY'S GAZETTE CHRISTMAS CARDS

This year's attractive Christmas cards are now available.

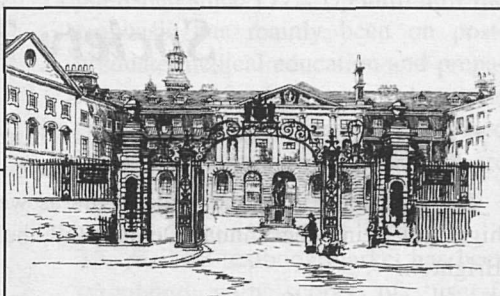
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*Guy's Hospital Main Entrance (6x4
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Thomas Guy discussing the plans for his
hospital with Dr. Mead the physician, and Mr.
Steare the architect, by C.W. Cope R.A, 1877.
(8x6 colour) 6 cards with envelopes @ £2.50



A Message From The Dental Society To The Freshers

The Dental Society at Guy's Hospital was founded in 1894 by Mr. Newland Pedley. Our Society exists to support the dental students both in their academic endeavours as well as providing social activities; the highlight being the annual Dental Ball, held this year at the Grand Hotel in Brighton.

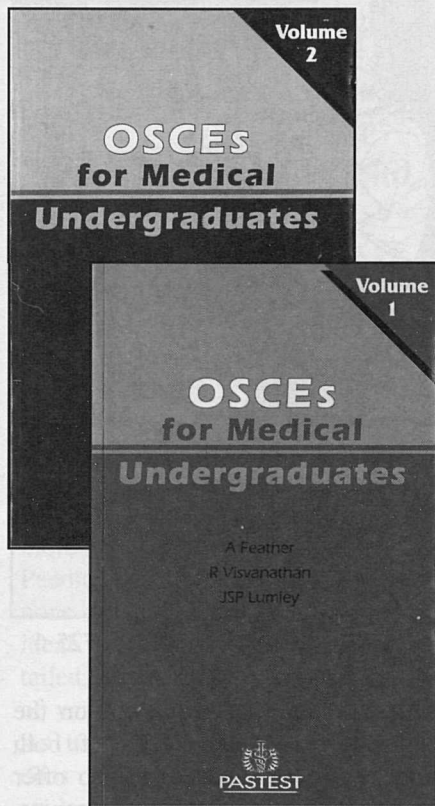
The Autumn term is always a busy one and we have three meetings in October and one in November. Details of these meetings will be placed around the School and Hospital nearer the time and as dental students you are invited to attend. We also have other social events such as paint balling, go-carting and quiz nights. Keep an eye out for details, as these will be posted in prominent places. The Society is run by a Committee made up of student representatives and invited staff members, providing an exciting opportunity for you to become involved with your colleagues in the School. The elections for Committee will be held until early November. If you wish to contact us we have an office and a pigeon hole on Floor 24 in the Tower. If you would prefer to speak to us in person the photographs of the current Committee can be found on the notice board on Floor 24.

We look forward to meeting you and hope that during your period of education at GKT you decide to fully participate in the activities of your Society.

The Dental Society

REVIEWS.

OSCEs for Medical Undergraduates - Vols. 1 & 2



A. Feather, R. Visvanathan, JSP Lumley
PasTest, 1999 ISBN 1-901198-04-9 & 1-901198-05-7

'PasTest' have successfully compiled an exemplary series of textbooks for the medical undergraduate approaching finals. Based in Knutsford,

Cheshire, this company is renowned for its revision and intensive course books, published since 1972. Up until now the emphasis has mainly been on post-graduate medical education and preparation for professional exams, but these two new books on Objective Structured Clinical Examinations (OSCEs) are setting the trend for the future.

The medical textbook market has been inundated with scores of 'user-friendly' exam-orientated guides over the last two years - and the pace of publication is ever rapidly increasing. Some offerings are so shallow, superficial and simplistic that they could be read and discarded in a night and are really not worth the carrier bag they are sold in.

However Feather, Visvanathan and Lumley, in their innovative approach of providing real finals standard stations have struck just the right balance between posing questions and explaining answers. Love them or loathe them, OSCEs are here to stay and will probably become much more interactive and clinically relevant as they are evaluated and re-designed over the years. What better way to while away a few revisions hours than pitting your wits against actual questions with patients' histories / blood results / radiographs and the like, all reproduced to a superb degree of accuracy.



Whereas Volume 1 concentrates on core medical and surgical topics, Volume 2 includes a sub-section on Obstetrics and Gynaecology which several colleagues have highly recommended as preparation for the old UMDS curriculum Part 5 exams. Examples of marking assessments give some indication of how you would fare in an exam situation and the general advice on technique given in the introduction cannot be bettered.

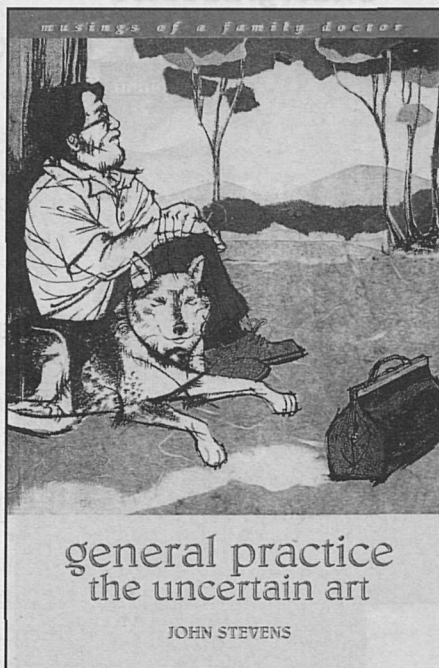
Altogether these textbooks are set to become handy deskside companions for medical students. They provide ideal material for small group, as well as individual study.

Rina Dutta

General Practice The Uncertain Art

This delightful book is subtitled "Musings of a Family Doctor", which is an apt description. The author trained at Guy's in the early fifties, and like many of his generation he emigrated. He was in practice with two other Guy's men in Tasmania and has taken an active role in GP post-graduate education. He contributed a monthly column to the "Australian Family Physician" for twenty years; when he eventually hung up his pen he disappointed a legion of fans who

had become used to being stimulated, stirred, and amused.



McGraw - Hill ISBN 007 470725 6

Here is a series of reflections on the vagaries and idiosyncrasies of both those who seek, and those who offer medical help and also to the ironies, frustrations and rewards of this "uncertain art"; lightly told and seasoned with humour, this book will provoke chuckles and nods of agreement in doctors of any branch of the profession but perhaps especially GPs. There is a very occasional word or phrase which may be unfamiliar to a British reader,



but doctors, their patients, medical reps, social workers etc. seem much the same “down under” as here, and few escape comment in this perceptive book which deserves a place in many Christmas stockings.

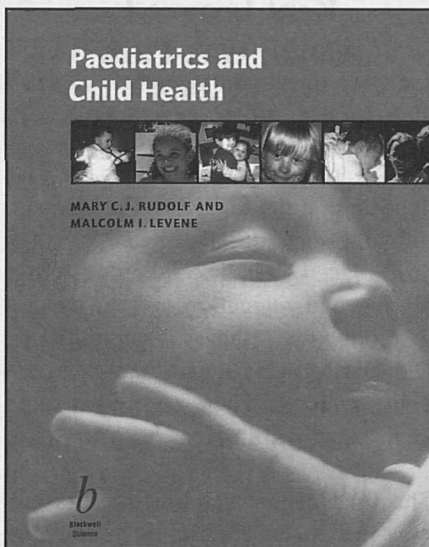
Anthony Hillard

Paediatrics and Child Health

It's interesting that a previous editor of the Gazette pre-reviewed this book for the publishers during it's construction a number of years ago. His printed quote on the book is as follows: '...very pleasing to the main reader, the rather impatient medical student.' Dare I disagree! I think it's more than just pleasing. Since starting Paediatrics it has become clear to me none of the standard texts are entirely ideal. Whereas some are highly detailed, others try to give an overview of various topics within the subject. As usual, the ideal of having both does not necessarily correlate with student finances.

What the authors of this new book have succeeded in doing, is providing something lacking in other texts. The masterful illustrations present symptoms, signs and the medical equipment and clinical skills often seen and required on the wards. The 'At a

Glance' boxes provide quick and easy reference to common paediatric conditions with a carefully selected, manageable knowledge base. This book was written with the new GMC recommendations in mind, and it appears to have achieved its aims of



Mary CJ Rudolf, Malcolm I Levene
ISBN 0-86542-957-X

presenting core information and skills in a memorable way. Some may find this approach inevitably means that this book will not be quite detailed enough for them. However, for those brave enough to try something other than the more tried and tested texts, this book is certainly the best of the contenders, and is well worth a look.

Jason Roach

SPORT.

Rugby
Guy's and St.
Thomas'' First XV
vs
The Isle of Sheppey
Kent League I,
Honor Oak Park
WON 49-5

Last season Guy's were one of two unbeaten clubs in Kent League I, finishing six points ahead of the third-placed club. The ridiculous promotion and relegation system meant that only one club was promoted - Old Dartfordians - who had a better points average. Therefore Guy's find themselves still in Kent I.

The first league match of the season saw the team entertaining London League III relegates, the Isle of Sheppey. Guy's and St. Thomas'' got off to an excellent start on the beautiful-looking pitch on an autumnal day at HOP, having elected to play with the wind. The heavy rain had abated leaving the playing conditions good but soft underfoot. From the kick-off Sheppey spilled the ball and from a series of rolling mauls, the forwards drove the ball over the first try. At this stage the scrum in particular were looking very compact. Shortly

afterwards, a further rolling maul led to a try by Percy, enjoyed hugely by the crowd and even more so by himself. Many of the first team members were absent but were not being missed too badly. After a mistake by Sheppey, Eddie Nicholls was over in the corner for the third try. Good passing led to a fourth try by Ekeowa on the wing, before equally good passing led to a first try by Sheppey to leave the score 20 points to 5. A good bout of passing between both forwards and backs over 50 yards led to a try scored with some glee by Woodsford under the posts and converted by Edwards-Lunn. Half Time Score 27-5. On the right wing Etok was in good form and scored a splendid try when he picked up a loose kick from the opposition and sped 25 yards down the right touchline to score in the corner. The opposition felt that he had dropped the ball in the act of scoring and protested vehemently to the Guy's touch judge, which at least allowed Pete Davis to get used to confrontation before he plays again. Guy's were now playing against the wind, and found their defensive skills being put to the test. However, they held out under various Sheppey assaults, providing Nicholls with his second try and conversion. The opposition were becoming tired as Guy's ran in several more tries, winning in the end by 49 points to 5 - a very satisfactory beginning to the league.



The close passing and support play in particular was impressive which will have pleased the coaches.

Team - Woodsford D, Edmondson M, Thorpe B, Wood B, Edwards-Lunn, Percy L, Vaughton A, Fresher A, Etok R, Nicholls E, Harvey B.

Tries - Nicholls (3), Percy, Woodsford, Etok (2), Wood.

Conversions - Edwards-Lunn, Nicholls.

S J Challacombe

GKT Men's Hockey Is

The men's hockey teams played their first matches of the season on the 13th October. The first and second XIs played R.U.M.S (Royal Free / University College Hospital) in the initial league stage of the BUSA competition. The first XI fielded a strong squad of sixteen players including five freshers. They started strongly, and having had an early goal disallowed, soon took control of the game by scoring three times in ten minutes. The opening two goals came from short corners, the first when Naveed Maan redirected Neel Sharma's shot inside the near post, and the second when Nick Evans, utilising time and space, scored with a well struck shot from the edge of the area into the far corner. Soon another attack resulted

in a goal bound shot by Will Storrar being stopped on the line by a defender's leg. The penalty flick was duly converted by Richard George to put GKT three up. Following the third goal, GKT sat back on their lead and defended too deeply allowing RUMS to put us under considerable pressure. With their sweeper, the University of London Captain, moving up to attack they scored twice in the second half. The first goal was from a debatable penalty flick and the second was an unstoppable strike from a short corner. To our credit, we held out under further pressure and a breakaway goal was scored by Maan after good work by Evans to make the final score 4-2 to GKT. It was a promising start to the season. Strengthened by an impressive group of freshers, the first XI ought to have a very successful season.

Team - A. Bacon, K. Kunasingam, L. Fitton, J. Douglas, T. Bucher (capt), S. De Meza, J. Armitage, R. Patel, T. Scott, R. George, N. Sharma, W. Storrar, S. Heaton, J. Bath, N. Evans, N. Maan.

GKT Men's Hockey IIs

The second XI convincingly won their match 6-0 with a hat-trick by Matt Phinish and one each from Lawrence Boss, Sham Letha and Russ Abbot.



November 1999

GKT Men's Hockey IIIs

VS

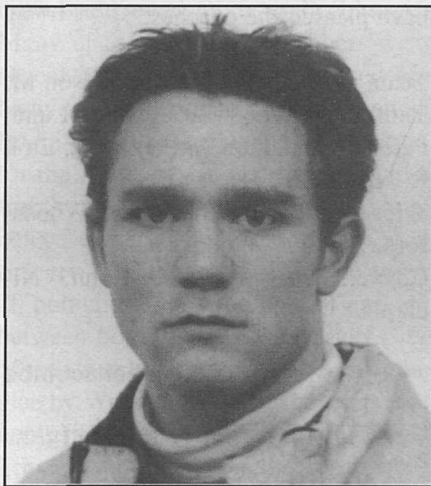
GKT Ladies' Hockey IIs

2-0

This warm up match at Crystal Palace, prior to the BUSA campaigns, was billed as a battle of the sexes. The men's IIIrd eleven took on the women's IInd eleven in a pre-season friendly. The opening minutes were dominated by midfield play, with neither side taking control of the match, and both sides having opportunities to shoot at goal early on. A period of sustained pressure from the men finally led to a breakthrough by Simon Sparks cutting in from the left wing to latch onto a cross D pass shooting expertly to score within the first ten minutes. The pressure from the IIIrd's continued, with only brief breaks into midfield as relief for the besieged IInd's goal. Just before half time, the sustained pressure took its toll as Simon Sparks again cut into the D, to put away his second. In a foreshortened second half, a spirited fight back from the ladies resulted in a couple of corners, and a number of overlaps, but the men settled for the two goal victory, their first in over a year!

Paul "the goalie" Schofield.

I, I Captain



Simon Kershaw - Men's Waterpolo.

I am 22 years old. My birthday is 4/5/77 - now you know, I will be expecting lots of cards and prezzies (and Gins, Sports Ed.). I am a 4th year dentist. I play in defence. Last season we were the most successful team in the college, and we are quite happy to ignore anyone who disagrees. We won: UL LEAGUE, UL CUP, UH CUP, BUSA SOUTH EAST REGIONAL CHAMPIONSHIP. I know it may look impressive, and quite frankly it should as it is!! We take players of all standard, but if you have played for your country it would very much help. I jest, I wish!! Oh I

wish but I jest!! This season we would like to carry on our successes of last season. We have ideas of touring the Avon counties (?) but that is still open to negotiation.

Socially we do the Christmas meal, the AGM and many, many beers and curries if James our social secretary has anything to do with it. We train on Mondays, at Wolfson House. On Wednesday some of us go to ULU , near Tottenham Court Road. When the season starts we play matches on Thursday evenings at ULU. I am the moody one, I even have the photo to prove it. Our motto, coined by Ben Perch, the Club Treasurer is "rip out their hearts!" Never let it be said the game is taken too seriously! There is also a ladies team and we pride ourselves on how closely we work together!

Simon Kershaw
Fourth Year Dental Student

Freshers' Trials Report

Almost all the newly merged GKT teams were represented at this years Fresher's Trials, held at the old St. Thomas' ground, Cobham. Morning rain had ensured that the grass would be slippery, but the trials themselves were played with the sun shining.

The main purpose of this trek to Cobham is to enable team captains to assess the capabilities of the new intake of players. Each club captain had their own method of conducting the trials. This varied from the rugby team's position specific coaching session, to the hockey and football teams' massed matches. The number of teams present caused the ground staff their own particular problems, since there were more teams present than pitches marked out, which resulted in the Ladies Hockey club playing on an improvised pitch, jumpers for goal posts style. Traditionally the sporting side of the trials only lasts for a couple of hours. This year was no exception. The wannabees sensibly warmed up - Doctor's orders. A few mini-matches were then played as the freshers met the veteran players and the captains - those ladies and gents who will guide the newcomers into Mary's devouring, beer swilling, gin hating super sport stars. In addition, the trials allow new recruits to feel part of the school early on. This is even more important now that student numbers on the various sites have swelled.

SUCCESS

This year's trials suggest that sports successes enjoyed by UMDS will continue with GKT. Alex Swann, Sports Officer, Guy's Site, says: "Freshers'



Trials were a great success, with masses of people turning up and trying out. Hopefully we can recapture the mantle of being the best medical school for sport in London. This title we sadly lost to Imperial a few years ago. The one comfort is that most of our teams are comfortably better than their King's equivalent and this should easily remain so."

Simon Sparks, captain of the GKT Tennis Club was pleased with the quality of the players: "There were certainly more tennis players at the trials than in previous years. I was most impressed with the standard of play. Things will be even busier in the spring, when we will be playing at the Queen's club near Earl's Court".

The standard of player was almost enough to impress the GKT Football captain, Chidi Ejim: "Freshers were turning up in train loads. The quality of player was variable as always with a few promising performances. None will walk straight into the first team. I am keen for them to serve their apprenticeship and work their way up."

BEER

The bar at Cobham is now under new management, and was thankfully reopened in good time for the trials - as predicted by Deryn Evans in the Au-

gust Gazette. Prices have risen slightly in line with the King's influence. The teams soon relocated from sports field to bar with well rehearsed ease and the jugs of beer were clearly visible at the centre of numerous drinking tables. Which brings us to the secondary purpose of the event, described by Alex Swann as: "...a large bonding session involving the usual games". Indeed, it is a fun way to make friends, get drunk and get a snog - just like my mate Ben Greenwood, captain of the Hockey IIrds, managed to do - an honourable and spirited attempt to show the freshers what it's all about - if you're in the IIrds at least.

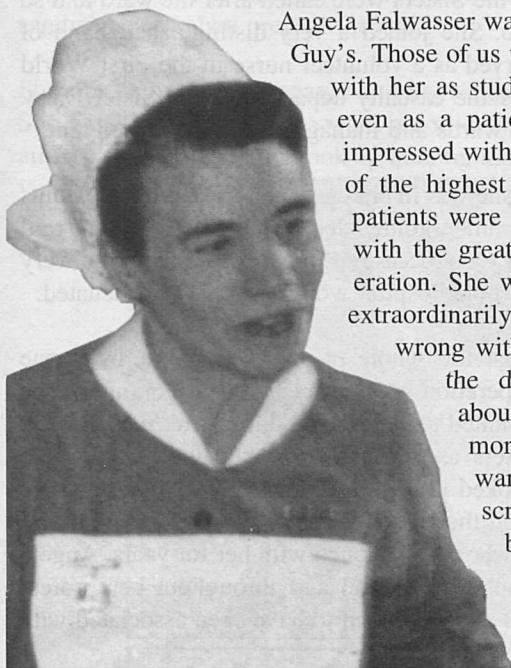
WHERE AM I?

After such nights, things inevitably go astray. Such as inhibitions, the abilities to walk or talk in a coherent fashion, or most common of all, memory. These losses affect people to varying degrees, from slumping in a chair to falling in a river. The experience of Freshers' Trials is a memory which will remain, even if specific details are forgotten by the morning. "All in all everyone had a great time and there was no air of rivalry between clubs as there has been in past years." Alex Swann.

Ross Barden
Additional research by
Paul "TheGoalie" Schofield



Appreciation of Miss Angela Falwasser MBE 1907-1999



Angela Falwasser was one of the greatest ward sisters of Guy's. Those of us who had the opportunity of working with her as student nurse, junior or senior staff, or even as a patient in Job Ward, were immensely impressed with the standard of nursing, which was of the highest calibre. For her, the needs of the patients were paramount and they were cared for with the greatest expertise, kindness and consideration. She was not only a superb nurse, but an extraordinarily good doctor for she knew what was wrong with every patient, often before any of the doctors. There were no mysteries about her diagnostic skills, however; one morning at 7.30 a houseman went to the ward to see a patient, who had the screens round his bed. When he looked between the curtains, there she was palpating the patient's abdomen gently but deeply under his left costal margin.

Her examinations were as thorough as her nursing prowess. Although her nursing was meticulous, she interpreted antiseptic technique with common sense. If a patient needed an intravenous infusion put up and the doctor was not available, she put it up herself without any fuss in under a minute.

In those days the Sister's quarters were attached to the ward; she had a bedroom and sitting room which opened into the end of the ward and she would appear at exactly 7.20 every morning. When she walked down the ward she reviewed each patient carefully as she walked and would be able to spot who would need attention and when. She was always polite and courteous and ran an efficient, well-ordered, peaceful ward. She believed the patient should have some rest from time to time and these times were jealously guarded.



At her recent funeral, Mr. F.R. Kilpatrick said in his address: "Angela was chosen at a young age to be a Ward Sister by the then Matron, Emily McManus, who spotted her talent and appointed her in charge of Job Ward, looking after male surgical patients. In those days, the Sisters were called after the ward and so she was always known as Sister Job. She joined a very distinguished band of sisters, including Sister Gale who served as a volunteer nurse in the First World War, Sister Thomas who looked after the casualty department, and Sister Daisy Harrison who ran one of the medical wards and managed the first oxygen tent.

I knew Angela during the War when she was in charge of Addison Ward in Hunts House; here she looked after those undergoing elective surgery and air raid casualties who could not be moved - on occasions the bombing was so very intense that it looked as though the whole hospital would have to be evacuated.

Angela was around Guy's for almost the whole of the War, apart from one episode when she had to have an operation on her finger but the moment she recovered from the anaesthetic she wanted to be back on duty. After the War she was joined by such well known sisters as Sister Crump who looked after the children's ward, Pat Smythe who looked after the urology ward and Constance O'Toole. Angela was a shy person and the last survivor of a large family but she had a second family: her staff nurses who kept in touch with her for years. Angela was a special person with tremendous compassion and throughout her professional life was an outstanding nurse. I am privileged to have been associated with her and treasure her memory."

For many years she looked after the cardiac patients of the pioneering surgeon, Lord Brock. In those days there was no intensive care ward, she was the intensive care. When the intensive care ward was introduced to Guy's, she was naturally sad to be losing that experience but was the first to recognise that it was not only inevitable but a welcome advance. She would, however, have pointed out to the committee in 1963 that the proposal to call the intensive care ward "Lazarus Ward" indicated that someone was having delusions of grandeur.

The other beds on the ward were those of the senior surgeon, Mr. Grant Massie. The junior staff on the ward were much influenced by Angela and they included many who were to become such stars as Sir Roy Calne FRS, Mr. Donald Ross who started heart transplantation in the U.K. and two future presidents Sir Alan

November 1999

Gazette

OBITUARIES



Parks PRCS and Paddy Boulter PRCS.

She extended her diagnostic skills to the nurses and junior staff and would soon spot if they were ill and pack them off to bed, sending over warm lemon juice and sandwiches she had prepared herself.

She was an excellent manager and knew how to stimulate the best in all her staff. She would involve the two ward orderlies in the nursing, including bed-making, and as a result they often took up nursing later. She was a very "hands on" person



Presenting a patient to H.M. the Queen in 1961

and without any hesitation would sweep up anything spilt on the floor. One day I was astonished to find her up a ladder cleaning the walls of the ward; she explained that the outside cleaners were not permitted by the unions to go more than four feet up the wall and, as she did not like the tidemark that resulted, she would complete the task. Those were heady days.

Every evening at 8.30 pm with her nurses she would kneel and conduct prayers. After her thirteen hour day she would read for a few hours in her sitting room overlooking the park at the distal end of the Colonnade before retiring to her adjacent bedroom.

She had a great sense of fun and was well versed in Bermondsey humour. She



insisted on the highest standards from her nurses and rarely missed a trick. In addition to looking after the patients, the night nurses had to carry out what is now known as "non-nursing duties" including repairing the holes in operating gloves and packing dressings. One night nurse on Job Ward, whose task it was to cut gauze squares and fill them with cotton wool, hit on the bright idea of increasing productivity by heating the dressings on the hot steriliser which expanded them, thereby considerably increasing the height of the pile. When Angela inspected her work at the end of the night shift, she gently pressed them down to their real height and then thanked the nurse with a wry smile, but made no other comment.

Mavis Fabling was a staff nurse on one of the adjacent wards for which Angela was responsible on those weekends when the Sister was off duty; she was always supportive and encouraging and would compliment them with remarks such as "You are a girl after my own heart, making sure that all the housework is done".

When she retired the Governors presented her with a scroll "Presented to Angela Falwasser at a meeting of the Board of Governors held on 1st March 1965 to mark the completion of 33 years devoted service as a Ward Sister at Guy's Hospital. During the whole of that period she has cared for the patients under her charge with great skill, a selfless devotion and an unrivalled degree of dedication. Her work has been in the highest traditions of the nursing profession and has been a shining example to all who have been fortunate to work with her. The Governors and Staff of the hospital hereby express to her their deep gratitude and wish her all happiness and success in the future."

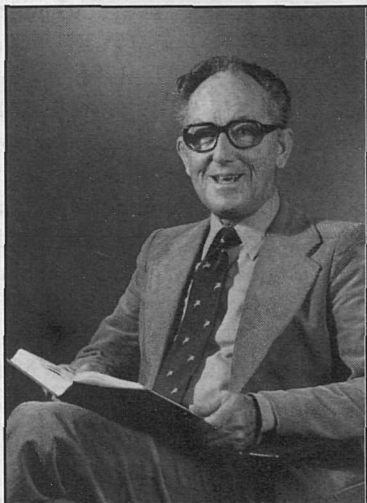
Everyone was delighted when she was awarded MBE for her work. She then went to live in Cannon Street in Winchester where she was soon at work helping her neighbours and nursing them when they were ill. She regularly helped in the local hospital by bed-bathing the patients. She was active, too, in the Cathedral, working with a group of ladies known as the Holy Dusters who clean and dust on a voluntary basis. Without any fuss and without ostentation she put into practice what she believed: that service was the finest activity in which she could indulge and she certainly did it in a way that those who had the privilege of working with her will never ever forget. All her life echoed the Guy's motto:

IT IS BETTER TO GIVE THAN TO RECEIVE.

IAN McCOLL



**David Stafford-Clark
Psychiatrist, 1916-1999**



David Stafford-Clark, was in his day, one of our leading psychiatrists. Physician in charge of the Department of Psychological Medicine, Director of the York Clinic at Guy's, Consultant at the Institute of Psychiatry, University of London; this summary sells him short. David brought to psychiatry, a lively intelligence, humour, often lacking in psychiatrists and a lack of pomposity. His compassion and concern for the individual was paramount. The relief of suffering was always his primary objective in the practice and teaching of clinical psychiatry. His clinical lectures at Guy's were always packed to the doors by students, who regarded lectures as a

joke, as all too many were. David emphasised that students should listen to the patient, and not to retreat into embarrassed disdain and feeble jocularity when faced with psychiatric problems.

He qualified in medicine in 1939 at Guy's, after schooling at Felsted. The family doctor told him to go to Guy's, and that was that. He remained a loyal Guy's person for life. During the war he served as a doctor in the RAF, attaining the rank of Squadron Leader. He was one of the last members of the BEF to leave France. His subsequent work on morale led to the abolition of the outdated term 'low moral fibre' often applied to aircrew when they were deemed 'cowardly'. He was a medical parachutist, mentioned twice in dispatches, and inhaled poison gases at Porton Down. The legacy from this was asthma culminating in a near fatal attack which led to his premature retirement at the summit of his career. After the war he had started his post-graduate training at the Institute of Psychiatry where he caught the eye of the late Sir Aubrey Lewis. After a spell as teaching Fellow at Harvard and the Massachusetts General Hospital, he returned to The Maudsley as Chief Assistant to the Professorial Unit. His EEG studies on alleged murderers on remand highlighted the unrecognised incidence of psychiatric disorder and



epilepsy in people who were candidates for hanging. A possible career in Forensic Psychiatry was aborted by his becoming the Director of the York Clinic. Sir Aubrey Lewis had long since spotted that David was a populist, and he recommended him to Sir Alan Lane of Penguin to write, 'Psychiatry Today', the highly successful Pelican, translated into twelve languages, in its time a classic piece of popular writing.

David's ability to communicate bled him to simplify the supposed arcana of psychiatry, and inspire enthusiasm for the speciality amongst students who had been put off by obscure terminology and vagueness. His influence was founded on simple clinical practice. Psychiatry was a speciality which must never be divorced from medicine or it ceased to be psychiatry. Proper assessment of the person's mental status along traditional medical lines should lead to a clinical formulation aimed at the relief of the patient's distress. Not, it will be noted, 'The Client'. David encouraged in students a proper concern which took precedence over speculation about the relevance of social and obscure psychological factors. Regard for and empathy with the individual and their problems, and how that person is feeling, was what Psychiatry was all about; the practice of a discipline in

which compassionate understanding of the person is the primary goal. His ability to communicate this philosophy of medicine and psychiatry found expression in Radio and TV, and there is no doubt that the ensuing popular appeal incurred him ill-feeling and envy amongst certain members of the medical Establishment. Above all, he really cared about human suffering and about eradicating the bigotry, prejudice and the stigma surrounding psychiatric disorder. He was always fun to be with. In his day, he could be the funniest man in the world, as one of his closest colleagues once said.

In the York Clinic, he promoted an atmosphere of enthusiasm. Everyone felt 'up for it...'. This spread throughout the staff at all levels, and produced an atmosphere that will be long remembered by many. He leaves a widow, Dorothy, whom he married in 1941, three sons and a daughter.

Dr. James H Willis
MA MB FRCP FRCPsych

Peter Davies

Guy's Dental Graduate 1953/54, who practised in Cape Town, please contact Surgeon Commander (D) E.W. King-Turner, 5 Village Gate, Southampton Hill, Fareham, Hampshire PO14 4BJ.

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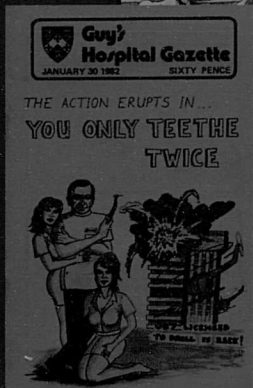
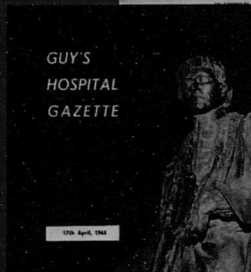
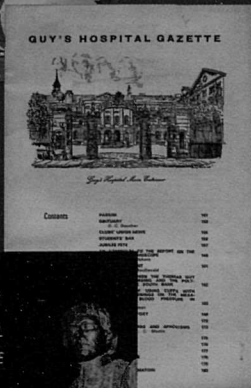
Gazette

MILLENNIAL EDITION

MM

Guy's Flood - the real story
Tony G's Millennium Quiz
MADSOC lives on

Journal for GKT



Little did the editors of the first edition of the Guy's Gazette in 1872 know it would still be going strong, over one hundred and twenty years later. In all that time, our philosophy has not changed much. The words of the editors certainly rings true today: "It is therefore our intent to bring before each student an account of everything of interest that passes at Guy's, so that he may as it were have his powers of observation multiplied"

48 pages of the Gazette would not be enough to describe our history over the past 127 years. However events in the last ten reflect the scope and speed of change and development, not just at Guy's, but worldwide as well. It was only 1996 when George Verdis, then editor of the St. Thomas Gazette suggested "In the very near future, a patient could have communicated with other patients or even doctors across the world with the world wide web." Today, operations are televised, supervised and even experimentally conducted over the internet, whilst NASA is already at work on it's successor.

More locally, the nature of the hospitals, trusts and schools has changed beyond recognition. Alumni in 1992 commented that 'to allow the word St. Thomas' to spoil an otherwise eloquent and informative notice concerning Rag Week, jeopardised the future of the trust'.

GUY'S *Gazette*

January 2000 - Millennial Edition

Volume 112 Number 2487 ISSN 0017-5870

434 Passim

436 Letters

John Fry Dinner, Student
Loans

440 News

MADSOC president
interview, Lord Robens
Memorial Service, SMEC
Awards Dinner

445 Looking Glass

449 Research Front

Ecstasy

452 Weakending

456 Features

Prof Dowling interview,
Guy's Flood, Healthcare
achievements of the 20th
Century, 407 Art Club

472 Sport

Rugby, Hockey, Womens
Football

478 Obituaries

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NOV. COVER PHOTOS:

Will Westphal

For some strange reason, my most interesting conversations are always on buses. In an effort to spice up a recent journey through Camberwell after a 'communication skills' symposium, I jokingly asked a friend in an open-ended fashion what he thought had impacted on him the most in the run up to the millennium. You may relate to my surprise when he reported that it was without a doubt "the McDonalds advert." Thankfully, he was quick to respond to my look of bewilderment and described to me, in minute detail the design genius behind the two McDonalds 'M' signs and the words 'happy new millennium' inscribed below. I decided against probing any further.

In recent years, many societies have spawned a postmodern culture influenced heavily by the media. Consequently, a celebration that should have monumental significance to over a third of the world's population, has become a worldwide celebration of a four-digit number. Poor Sir Cliff Richard, was attacked for instigating 'vile Christian campaigns' to sell his records. Taking my lead from the Times columnist Celia Brayfield, a straw poll of churchgoers I know confirmed that any such campaign seems to have missed out London. Ironically, the 'Faith Zone' at the millenium dome would have been scrapped but for the last minute multimillion pound contribution of a wealthy Hindu family.

Despite this, society always seems to be searching for its own philosophy - a belief system that allows us to rationalise our daily lives. To quote Jerry Hall in her Christmas Eve column "I have followed my own faith - a faith in being open to opportunities and growth". One wonders how much clout the pleas of Tony Blair for the millennium to be marked with "an explosion in giving" will have, if we are heading towards an era of media driven philosophy. Yet American scientists tell the world that they can theoretically generate a new species of life from its constituent components in the laboratory, and that they seek ethical approval from religious leaders around the world before further planning takes place.

Paradoxically, the approach of what is now affectionately known as 'Y2K' (after all, 'millenium' was always a bit of a mouthful), has been touted by some to have dramatically raised the level of spiritual awareness amongst the general population in the last few months. My flat mate has even built a shrine to Courtney Cox.

Well even if it turns out that the answer to life can't be found in a test tube, and our new found spiritual guides can't solve all our problems, it is certainly reassuring to still be filled with a sense of hope for the future. The elimination of third world debt was touted as an appropriate way for the lending nations to enter the year 2000 with a clear conscience. Further moves towards peace in Northern Ireland after such a slow and painful struggle is another example of how peoples views can change, driven by an underlying desire to do what we know is right.

Are these inherent values and beliefs we hold as so important in human society a mere quirk of nature? Are the answers really in an American research laboratory? Answers to these questions and more next month.

Letters

Dear Readers,

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.

You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor:

You are reminded that publication of a letter is at the editor's discretion and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Editor



The John Fry Dinner

Dear Sir,

This year I once again attended the John Fry Dinner, which Dr. Bobby, Irvine has so efficiently organized over the years. He deserves our sincere gratitude. Besides the wonderful fellowship that these alumni dinners embody, there is usually an excellent program about the past, present and future of Guy's. This year was no exception with a splendid review by Sir Cyril Chantler of the status of the amalgamated medical schools to be centred at Guy's. He was also instrumental in arranging a tour of the New Hunt's House which is certainly very impressive, high tech and efficient.

However, we were told that the GKT Medical School [what an awful name!] is now the largest medical school in the UK but I am not sure that big is necessarily best. There seems to be a loss of personal and individual teaching.

However, Sir Cyril and other dedicated Guy's men and women must be congratulated on steering the Hospital and Medical School through very difficult political times and being responsible in addition to the medical school, a world renowned research

centre and retaining important specialist beds as well as having the capacity to increase the number when other institutions in the area can expand no further.

In addition Dr. C. W. L. Jeanes from Ottawa spoke eloquently about Guy's and the past. This was full of nostalgia as well as bringing us up to date on many of our colleagues. He was able to instill the wonderful feeling of Guy's loyalty and fellowship but of course, we were all willing subjects. He also deserves our many thanks.

On my short visit I took the opportunity of walking around the hospital and admired the new buildings and was pleased that some of the older structures including the colonnade, Shepherds House, the old nurses home and medical school have been retained.

However, it was very sad to see in the vicinity of what was front surgery signs stating that this hospital no longer accepted accident patients and they should be referred to another hospital. However, minor injuries would be accepted. What a come down? I, therefore, sympathize with Mr. Navtej S Chahal who summarizes very well in a recent edition of the Gazette the laughable and illogical decision to move this facility and other



important ones to another hospital. Three years ago two large and prestigious teaching hospitals in the San Francisco Bay area namely the University of California and Stanford University for economic reasons decided to amalgamate. There was nothing but chaos both financially and professionally. Both institutions had different philosophies and in reality both faculties were opposed to it.

Although theoretically the medical schools remained independent in reality they suffered from this artificial union. This was not a government statute and therefore departments and beds could not be reduced, closed or transferred except voluntarily and this was not to be. This week Stanford University president dissolved the association. much to the rejoicing of both campuses.

I realize that this experience is not quite analogous to the GKT association but sometimes personalities, philosophies and egos do not mix for efficiency and there may be false or negative economics as a result. It is my understanding that the movement of departments from Guy's has already cost the tax payers large amounts of money.

Yours Sincerely,

Robert G. Walton M.D.

Final Year Loans

A recent letter in the Student BMJ may have led some students to claim entitlement to the full amount of annual student loan as opposed to the reduced final year rate. The facts for GKT students are as follows:

The student loans company is part of the government. As such, the allocation of statutory funds is subject to an act of Parliament. The act as it presently stands allows the individual institution to determine the rate of loans independently of the student loans company, but still subject to the act. Present criteria for assessing loan eligibility include being in full time education and appropriate residential status. The number of weeks attended is (stupidly) not part of the current assessment criteria.

Although some colleges may have decided to allow a higher rate of loan to be paid by the student loans company, they are in effect committing fraud by violating the rules of the act.

As far as the student loans company is concerned as you stop being a student in June, you can theoretically sign on for job seekers allowance. Hence a final student cannot claim the full amount.

Jason Roach



NEWS IN BRIEF

January 2000

HIV/AIDS cases in India falling

On November 9th, India's National AIDS

Control Organisation (NACO) announced that its latest survey shows that from mid-1998, 2.3-3.5 million people are

living with HIV/AIDS in India. This is a reduction from last years' estimate by NACO of 4 million cases.

NHS doctors in England face audit and annual appraisals

NHS doctors working in England will have to take part in an external clinical audit and face annual appraisals in a package of measures introduced to tackle the problem of poor performance. BMJ 1999;319:1319 (November 20th).

They are aimed at ensuring that doctors' practice is monitored to pick up problems early, that poor performance is tackled swiftly, and that tough action is taken in response to poor performance. Audit and appraisals will apply to hospital doctors and GPs. Several assessment and support centres will be set up, to which doctors suspected of poor practice will be referred. The centres will advise whether doctors need retraining or even informing the General Medical Council.

The health secretary, Alan Milburn, said, "The present arrangements for dealing with poor performance and allegations of poor clinical performance do not serve the interests of the patients, doctors, or the NHS as a whole and need to be modernised."

Gazette writers recieve national acclaim

Student articles first published in the Gazette

continue to receive national acclaim. Recently Shazia Khan's article "Women in Medicine" has been requested for national publication. Nabeela Ahmed's report

on oral medicine in Lahore was recently published as the lead feature in the Student Dental Journal 'Launchpad'.



New cancer supremo

The government has announced that it has appointed Professor Mike Richards, Clinical Di-

rector of Cancer Services at Guy's & St. Thomas' Hospital Trust as the first National Cancer Director. Professor Richards will take on a challenging agenda to ensure

tough new standards are implemented across the NHS and modernise all aspects of cancer care, steering cancer services into the new millennium.

Researchers Discover Diagnostic Marker for Schizophrenia

Johns Hopkins researchers have identified a chemical marker in cerebral spinal fluid (CSF) that may help doctors treat and diagnose individuals with schizophrenia. For several years, researchers have found evidence that retroviruses may be associated with some cases of schizophrenia. According to Frances Yee, a postdoctoral fellow at the Stanley Neurovirology Laboratory, "Finding this activity (of reverse transcriptase) in CSF could give us the first real tool for identifying patients with schizophrenia."

WE NEED YOU!

Interested in working on the Gazette?

We are looking for new recruits to write and produce the monthly journal for students and alumni of GKT

Please direct all enquiries to the editor at:

guy_s_gazette@hotmail.com

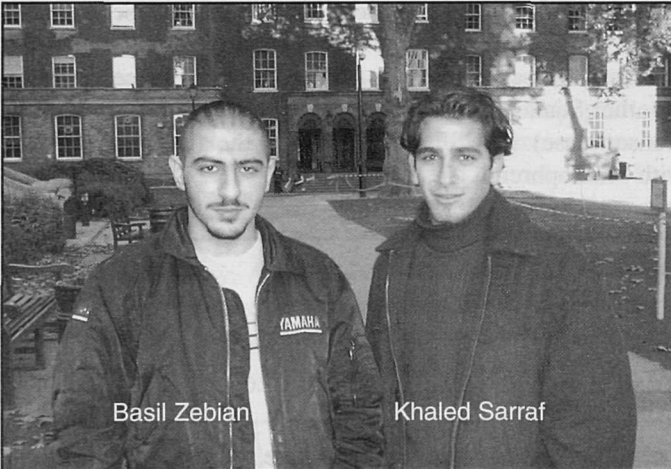
NEWS.

Interview with MADSOC president Basil Zebian and treasurer Khaled Sarraf

What is MADSOC ?

MADSOC stands for the medical and dental society of GKT but this doesn't mean we are just for medics and dentists. Last year we had over 200 members ranging from historians to philosophers making us the largest society within KCLSU (Kings College London Student Union), and it looks like we are going to be even bigger this year. With the merger we are hoping to expand even further and integrate students who studied at different sites last year.

What has MADSOC got planned for 2000?



There are always going to be nights out at the bars but we have got some special events to look forward to. Planning for MADSOC's 'Amsterdam Experience 2' is well underway and it should go ahead in February or March. A booze cruise to Calais

should be a great day trip as it was last year. There is a lot of interest in go-karting and even a paint-balling day out. I think everyone should look out for our MADSOC summer ball. We are also getting membership cards for everyone in the society. Members enjoy discounts on events and are able to go on the trips abroad as they must be covered by our insurance to do so.



How can someone become a member?

It's pretty simple, all you need is a membership form which you can get from the union. We are going to have yearly reps publicising events and they will have forms as well. Or simpler still you can fill out a form over the internet at our website www.madsoc.co.uk. Sadly, there is a small membership fee of ten pounds which goes towards subsidising events and insurance costs but without it there is no way we could offer Calais for £14 and two nights Amsterdam for £30. If people want more information then drop us a line at madsoc@hotmail.com.

What have you organised that you are most proud of?

There are so many events but two really stand out. Amsterdam was an unbelievable experience; crazy clubs and crazy pubs, it was a crazy time all round. Even the ten hour coach journey was hilarious with everyone making a lot of new friends. The Christmas ball was a more sophisticated affair at the London Marriott. Fine food, fine wine and our guest speaker Dr. Hilary Jones made for an unforgettable evening and even the professors couldn't stay away.

How do you fit in with KCLSU?

Despite being the largest society at King's we are somewhat lacking in support from our union. Our only wish is that the union realises the full potential of such a society. At present it seems we will be forced to go the same way the Law society did and become independent with outside sponsors. It is ironic that with a dentist (Scott Rice) and former MADSOC co-president being KCLSU president we are faced with as many obstacles as last year. Thanks to support from both students and organisers we were, are and will be able to overcome them.

If you could sum up MADSOC in one word what would it be?

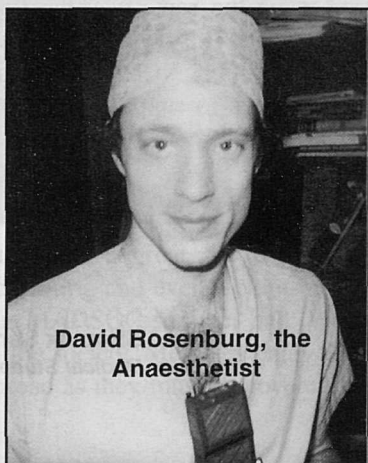
Mad.

Shouvik Saha
2nd Year Medical Student



Anaesthetics Dept. goes cultural!

The department of anaesthesia has certainly gone to great lengths to produce an original and varied Special Study Module (SSM) for its thirty year four medical students. Friday the 5th of November saw the Greenwood Theatre play host to the play "The Surgical Airway, the last resort", starring David Rosenberg as Alon Winnie. Alon Winnie was honoured in 1997 with the Carl Collier Award at the European Society of Regional Anaesthesia. On accepting the award, he recounted a telling story of his personal experience of poliomyelitis. Having been paralysed, and completely dependent, the event profoundly affected his life, both professionally and personally.



David Rosenberg, the Anaesthetist



Rosenburg as Alon Winnie at the Greenwood Theatre

David Rosenberg is well known throughout the UK for his stunning performances in the Edinburgh Fringe and elsewhere. His moving portrayal of Alon Winnie was exceptional. David was able to draw on his personal knowledge of anaesthesia for the role as he is a trained anaesthetist, currently working part time at Guy's and St. Thomas' Hospital. Complete student involvement was assured when one of the SSM students, Adam Fendius, became involved as the lighting technician! The ever-dependable Derek Light (Dept. Anaesthetics) was also present to provide technical assistance. This production is scheduled to run again and to be open to all students at GKT. It was all made possible by the tireless efforts of the coordinator of this module, Professor A P Adams.

Jason O'Neale Roach



Lord Robens Memorial Service

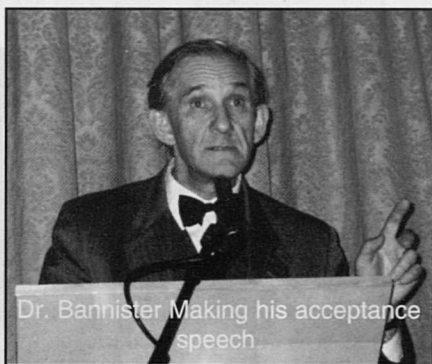
The memorial service for Lord Robens of Woldingham was held on the 7th October. As previously described in the Gazette, Lord Robens was not only influential, but pioneering in fields ranging from politics and business, to charity, notably as Chairman of the Board of Governors, Guy's Hospital, and chair of Guy's Hospital Medical and Dental School until 1982. Without his influence, the now famous Guy's Tower block would never have been built.

Lord Harris of Peckham, Chairman of the Guy's and Lewisham NHS trust gave a moving speech, telling of the influence of Lord Robens on his own work for Guy's and other charitable works, such as the huge fund-raising effort to complete the Western Towers of Westminster Abbey. Guy's and St. Thomas' were well represented by Sir Cyril (Dean of GKT) and Lady Chantler, Professor Ashley (Dean of the Dental School) and Ben Thorpe (GKT Vice President), amongst many others.

Jason O'Neale Roach

SMEC Awards Dinner

This year, the Annual Student Medical Education Committee (SMEC) Awards Dinner was held in the Great Hall at the Strand, and was once again a resounding success. A glittering array of staff members and a healthy contingent of students gathered for what would be the last SMEC dinner of the millennium and the first for the new entity that is GKT.



The evening started with a champagne reception. I must confess, used this to adjust to seeing such familiar faces in such unfamiliar attire. By the time the champagne had helped me to acclimatize myself to this stark change in appearances, the impending dinner sent me back to square one. Jason Roach was more than up to the task of Master of Ceremonies for the evening and was a steadying influence amid the witticisms that ensued with



the awards presentations. It was deemed only sensible to present awards for both old schools, as many members of staff are not yet known to both sets of students. The winners this year were:

Best Clinical Teacher

Dr. Gordon Jackson (UMDS)

Dr. Bridget McDonald (Kings)

Best Pre-Clinical Teacher

Dr. Webster (Kings)

Dr. Bannister (UMDS)

still a sense of sadness as we said goodbye to two firm favourites.

Mr. Joe Daws bid an emotional farewell after an incredible 36 years service in the Gordon Museum. We also had a farewell speech from Dr. Hutchinson, certainly one of the most colourful of our pre-clinical lecturers. He was presented with a plaque and a painting of Guys as a show of appreciation from those of us fortunate enough to have been taught by him.



1999 SMEC Committee pose at the dinner

Student Support

Dr. Papachristodolou (UMDS)

Mr. Stephen Brooke (Kings)

Lifetime Achievement

Mr. Joe Daws

Prof. Banatvala

Prof. Lowy

Dr. Hutchinson

Nishal Amin ended the evening by standing down and presenting Aruna Munasinghe as our new SMEC president and Clare Ilsey as our new vice-president.

Edward Park

4th Year SMEC Representative

Though I am sure all would agree it was a very pleasant evening, there was

LOOKING GLASS



*Sue De Monas:
Journals List*



Dean's Diary: Technology

I pen these lines as the first cold front sweeps upon the south east coast of these great isles and no doubt by the time these words are printed, readers will be huddled around their "central heating", donning their thickest thermal underwear. As we enter, dare I say it, the new millennium, I am reminded of the recent advances in technology that I have grasped about as well as an England cricketer attempting a slip catch.

The proliferation of computers beyond Tesco's payroll and U.S. satellite navigation systems had somewhat caught me unawares and attempts to bring myself "on-line" (excuse the pun!) with the rest of the up-and-coming-cynical-twenty-somethings were indeed made. However, "Dr" McGarrick of Computer Assisted Laboratory fame, was none to impressed when I sent a monitor hurtling across his computer room last week. I was frog-marched out like some insubordinate and in no uncertain terms told never to set foot in that classroom again. I ask you reader, was such perdition warranted when one was simply doing as one was told? Indeed it is the last such time that I shall attempt to boot a computer, let alone "log-on" to one. I went straight to the registry to register my disgust only to find it closed.

As I see the greying old year hitching its breeches and slipping through the door marked exit, a new century awaits us bright-eyed and bushy-tailed and I am duty bound to list my "resolutions" for the New Year:

1. Make an effort to listen to more "popular" music.
2. Cultivate tolerance in the face of ignorance.
3. To drink in moderation.
4. Forgive Mr. Tony Gardner for his inevitable antics at the Gazette Christmas party.
5. Attend to the needs of Mrs. Dean more vigorously.

May I wish all readers the standard salutations associated with the festive



period and new year. I for one shall be turning my attention to more serious matters at hand such as invigilating resit examinations for final year students that are taking place, most conveniently, on January 4th.

Dean

Journals List

Did you know that there is a journal called *Star* in Tommies library? There are other intriguing titles such as *Sleep* and *Schooch Letter* as well. Who thinks of these names? *Stain Technology* strikes me as a phrase that only belongs in washing powder adverts, but no, it is the name of a regular publication subscribed to by our library!

Skin Therapy Letter and *AIDS Letter* baffle me...I mean, that must be one long-winded correspondence. Then there's the scary *Pain*, which conjures up all kinds of images of mad sadistic scientists taking chainsaws to petrified subjects while a thunderstorm rages outside. Let's not forget *Laryngoscope*. What next I wonder? *Test Tube*? *ELISA-dish* maybe? The mind boggles.

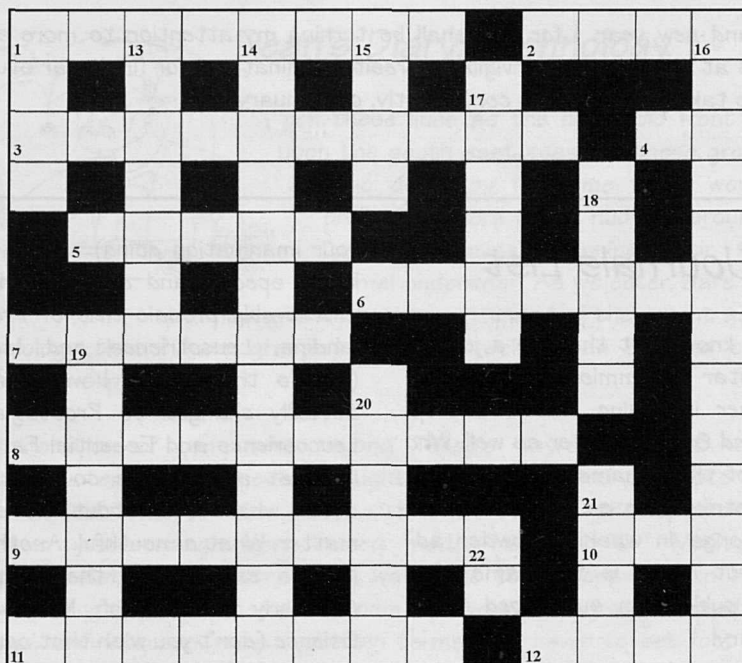
I'm flicking through this journals list for my Special Study Module (SSM) and I'm finding that titles range from the sublime above (at least they get

your imagination going) to the ridiculously specific and dull-sounding. The unbelievably prosaic title of *Prostaglandins, Leucotrienes and Medicine* (what's that about I wonder?) was actually changed to *Prostaglandins, Leucotrienes and Essential Fatty Acids* just so that we could be in no doubt whatsoever about its subject matter. What a mouthful. Another one in this category is the fun-packed *Quarterly Journal of Microscopical Science* (don't you wish that came out more often?).

And why are there so many journals about the same subject? For example, *Eye*, and *Eye News*. Presumably *Eye* is the tabloid covering the entertainment world of eyes compared to the more cerebral *Eye News*.

OK, I have to do my SSM now, but did you know that we have *Zeitschrift fur Hautkrankheiten* (und *Geschlechtskrankheiten*) but no *American Journal of Emergency Medicine*? Bizarre...I think I'll just go and flick through *Pflugers Archiv* instead.

Shazia Khan



ACROSS

- 1 Elastic potential to its limit (8)
2 Its not a reduction in manhood (4)
3 A mineral a day doesn't keep the big C away (10)
4 Take a bite (2)
5 It's not polygrip (5)

- 6 This one doesn't play the wedding march (7)
7 Coughing (6)
8 Three's not a crowded hand (10)
9 Too many ticks (9)
10 Inside to the outside (3)
11 Poison pain killer (8)
12 Doolally got it the wrong way (4)

DOWN

- 1 Fissure or fistula (4)
13 A blockage in the system (7)
14 Know your alphabet (13)
15 Needing your sunglasses even in this (4)
16 Gin a don last - pr (13) ANAG

- 17 Energizer (6)
18 Conduit or pouch (5)
19 Are you standing upright? (7)
20 Not going anywhere fast (6)
21 Hole (4)
22 Better than head and shoulders (2)

RESEARCH FRONT

Aspects of Ecstasy Neurotoxicity

The illegal drug ecstasy (MDMA, methylenedioxymethamphetamine) has been popular in the UK for over a decade. It is estimated that over 100,000 doses are consumed each week. Use of MDMA and related drugs, known as substituted amphetamines, is a great health concern for two main reasons. Firstly these drugs can cause trauma or death in a small proportion of users (1). Secondly, but less emphasized in the media, is the possibility that ecstasy might cause long-term, irreversible brain damage.

In the Biochemical Neuropharmacology Group, a unit within the GKT Neuroscience Research Centre at Guy's Hospital, we have been actively investigating this last possibility. A number of studies from other laboratories have shown that high doses of ecstasy given to laboratory animals can cause damage to the processes (axons) of a particular class of neurones which contain a neurotransmitter molecule called 5-HT (serotonin). We have been interested in this issue for several years and in our most recent studies we have begun to focus on how MDMA might damage neurones, and why some cells are apparently more affected than others.

Intracellular mechanisms of ecstasy toxicity

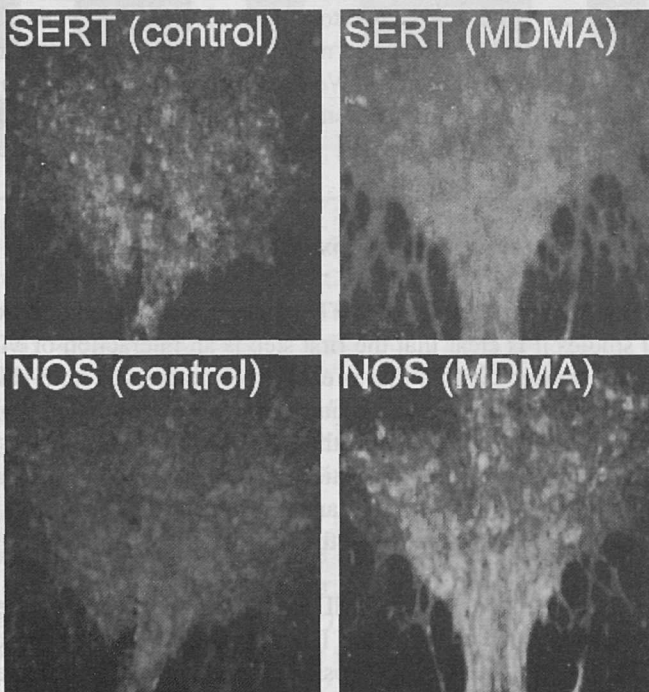
Why does MDMA cause damage to 5-HT axons? There are several possibilities. From animal studies it is clear that the first step is an interaction of MDMA with the serotonin transporter (SERT) that is exclusively expressed on 5-HT neurones. MDMA gets inside the nerve terminals and axons but it is not clear how it causes damage, in particular it is not clear whether MDMA itself is the toxin or whether MDMA in the brain allows the production of a neurotoxic substance. In either event, it is likely that the toxic events are a result of the generation of reactive oxygen and reactive nitrogen species within axons.

We wish to find out the steps between MDMA binding to SERT and cell damage. From a biochemical point of view, the living brain has proved too complex to definitively distinguish the various possible mechanisms. We have therefore developed a simple cell system by producing a genetically modified cell-line which expresses SERT and thus allows MDMA to enter the cells. This work has



been carried out by Shaista Hayat, a postdoctoral worker undertaking a joint project with Robert Williams and myself.

Perhaps surprisingly, the cell lines are very resistant to MDMA toxicity, requiring quite high doses to cause measurable damage. This result gives us strong clues that there are elements of the molecular milieu, peculiar to 5-HT neurones that are needed to confer susceptibility to MDMA to our cells. We are investigating these issues systematically using molecular and pharmacological approaches, with a particular focus on nitric oxide (NO). NO is a highly reactive gas that can generate reactive oxygen and reactive nitrogen species and has been suggested to be involved in MDMA induced damage in the brain.





NO: the smoking gun?

Amy Swinson and Julian de Silva during their intercalated BSc research projects, and more recently Nathan Cheung, a PhD student and Maria Ramirez a postdoctoral visitor from Spain have been characterising the role of nitric oxide synthase (NOS) in MDMA damage to 5-HT systems. Several years ago, we and others found that not all 5-HT neurones are affected equally after substituted amphetamines. This has lead us to examine molecules that are differentially expressed by some 5-HT neurones and might therefore confer susceptibility to substituted amphetamines. Using microscopic techniques we have shown that about 50% of 5-HT neurones make NOS. When we examine these neurones after NmMA, or another substituted amphetamine, pchloroamphetamine, we see a clear induction of the levels of NOS, and a major loss of SERT in the 5-HT cells which express NOS. Our results so far strongly suggest that it is the NOS containing cells which are selectively damaged after MDMA administration, and that increased production of NO within sensitive cells may lead to the destruction of their axons.

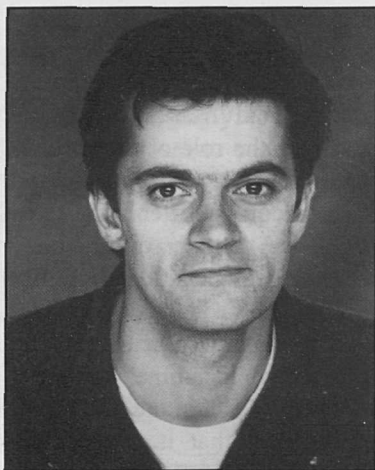
What about man?

The million dollar question, of course, is whether or not ecstasy causes damage to the 5-HT system in human drug users. At present we simply do not know, although a growing number of studies suggest there are abnormalities in the 5-HT systems of heavy ecstasy users and also that MDMA use may induce psychiatric disorders consistent with this finding. At present, however, the methods to study the living human brain are unable to clearly determine the extent and level of brain damage, and the current findings remain controversial. We hope through our work to help define molecular mechanisms and potential molecular markers to help evaluate and resolve this important question.

I. Williams H., Dratcu L., Taylor R, Roberts M, Oyefeso A (1998) "Saturday night fever": ecstasy related problems in a London accident and emergency departanent. *J. Accid. Emerg. Med.* 15, 322-326.

Dr Marcus Rattray

*Senior Lecturer in Biochemistry
GKT Neuroscience Research Centre
and Division of Biomolecular Sciences
School of Biomedical Sciences*



Tony Gardner's Millennium Quiz

- 1. Who said, and in which film, while feeling for a patient's pulse: "Either he's dead, or my watch has stopped."?
- 2. From which medical textbook does the following description of a rectal examination appear: "If you do not have a finger cot, lubricate your index finger with soap lather and fill the space under your nail with hard soap to keep it clean.

Faeces on your finger will do you no harm and washes off easily."?

- 3. Who was Dr Finlay's senior partner?
- 4. Rank the following medical schools in order of how good they are, starting with the best: Guy's, Lille, Leeds, Grenada, Nairobi, Barts, Kings, St. Thomas'.
- 5. Name the screen GP who described an arrhythmia which went "Boom-boody boom-boody boom-boody boom-boody boom-boody boom boom", and to whose heart was he referring? (Remember - this is a GP in a film, not someone you know personally)
- 6. Who sang "He broke my spleen, he broke my knee and then he really laid into me. Friday night in outpatients - who said I lied to her?"
- 7. Who sang "I went to the doctor and guess what he told me?"
- 8. What do the following have in common?
a) Berlioz, Sidney Smith, Sainte-Beuve, Charles Darwin and John Keats. b) Hemingway, Flaubert, Proust, Sinclair Lewis, John O'Hara and W.H. Auden. c) Turkish Delight, Cherry Creme, and Marzipan?



- 9. What do these terms mean?
a) Bruxism. b) Canities. c) Mariposa. d) Pacophagia. e) Esquillectomy.
- 10. What do the following have in common: Abraham Lincoln, Hammersmith, Bristol, Savannah, Olmstead?
- 11. What did Dr William Stokes invent in 1837 ?
- 12. Which surgeon played piano with Brahms ?
- 13. Why are certain consultants prone to back-pocket sciatica ?
- 14. Who was Alexis St Martin ?
- 15. Which magazine was intended to be called 'The Bladder' ?
- 16. Who possesses photographs of such sordid depravity they will ensure that TV's Dr Phil Hammond will never hold any position of authority in the government, nor marry a member of the Royal Family?
- 17. What was the nickname of Len Evans, Bank Manager of the Nat West Bank for many glorious years in the '80's?
- 18. What is "The Oldest Rugby Club in the World"?
- 19. What are the following:
a) Jekyll and Hyde Syndrome b) Oblomov's Syndrome c) Chiclero's Ulcer d) Ataloia Fever e) Autokabalesis f) Toned-stern sign g) Covent Garden hummy ?
- 20. Which famous doctor was also England's first Lady Mayor?
- 21. Who was Guy's Hospital Association Football Club Player of the Year in 1985?
- 22. What is the activated reactant in the biosynthesis of phosphatidyl eth anolamine from ethanolamine?



- 23. What is a C.T.M.?
- 24. Which of these has not been a title of a medical student revue at the Edinburgh Fringe Festival since 1985?
a) Just a Little Prick With a Needle b) Art Transplant c) The Secretions of a Policeman's Ball d) Beverly Hills Plop e) Cut That Out f) A Back Passage to India g) The Cunning Linctus h) The Cunning Linguists
- 25. Where did the following doctors train ?
a) Harry Hill b) J.P.R. Williams c) Sir William Gull (thought by some to be Jack the Ripper) d) Sir Bernard Tomlinson (not implicated in the Jack the Ripper murders) e) Dr Hilary Jones f) TV's Dr Phil Hammond
- 26. What are the following ?
a) Worm Wobble. b) Lazarus Complex. c) Ulysees Syndrome. d) Hermes Syndrome. e) Bongo-Drum Disease.
- 27. What do you get if you cross a Hospital Manager with a pig?
- 28. Complete the following (genuine) proverbs:
a) A young physician fattens the b) A good surgeon must have an eagle's eye, a lion's heart and a 's hand.
- 29. How many more of these columns will I have to churn out before I am mercifully sacked for being gratuitously offensive?
- 30. For what are the following patients remembered ?
a) Leonard Thompson. b) General Kuan Kung. c) Pope Innocent VIII. d) Louis Washkansky.

SPECIAL THIRTYSOMETHING NOSTALGIA SECTION

- 31. What was the name of the American girl who did the groovy dance in the opening titles of The Double Deckers ?
- 32. What was Stebson's nickname in Grange Hill ?



- 33. What was the name of the curious cat/bear-like creature in Pogle's Wood ?
- 34. In Mary, Mungo and Midge, how did Mungo and Midge operate the lift of the block of flats they lived in ?
- 35. In which comic could Beryl the Peril be found ?

SPECIAL FRESHERS SECTION

- 36. From each of the following boybands, choose the member who is the most lush:
a) Westlife b) Sive c) Backstreet Boys d) Boyzone e) Moist
- 37. True or False: Robbie Williams is a really great entertainer, but Gary Barlow is a brilliant songwriter, so he'll definately end up being the new Elton John.
- 38. True or False: Christina Aguilera is a really, really good dancer - much better than Britney Spears. And she's got a better voice.
- 39. True or False: Kid Rock is really, really phat.

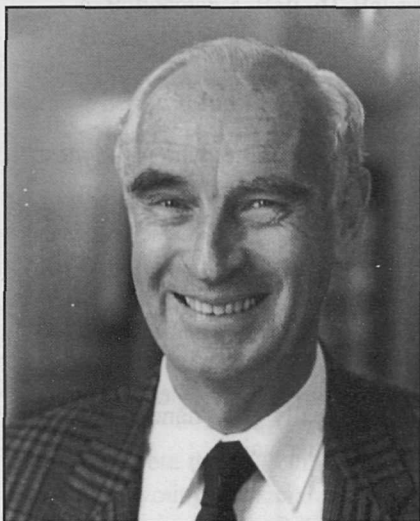
AND FINALLY.....

- 40. Who sold his soul to Santa?

Tony Gardner

FEATURES.

An Interview with Professor R H Dowling



Professor Hermon Dowling came to Guy's as a Consultant Physician in January 1974 with the aim of setting up a new Gastroenterology Department. He was appointed to the first Chair of Gastroenterology in the University of London in April 1976 and has since led a distinguished academic and clinical career. Over the years he has undertaken numerous active roles in the British Society of Gastroenterology (BSG). Most recently Professor Dowling was appointed President of the BSG for 1996-7, and Chairman for the Local Organising Committee and President of the 6th United European Gastroenterology Week in Birmingham in October 1997.

Professor Dowling qualified from Queen's University, Belfast in 1959 and undertook junior hospital and academic appointments at the Royal Victoria Hospital, Belfast with the late Professor Sir Graham Bull. After two and a half years at the Royal Postgraduate Medical School, at the Hammersmith Hospital, London, training in Gastroenterology with Professor Sir Christopher Booth, he spent two years at the Boston University Medical Centre as an MRC Travelling Research Fellow. He returned to a Consultant post at the Hammersmith in 1968, moving to Guy's in 1974 and remaining here ever since. Now semi-retired, he continues with his academic and editorial board interests as Emeritus Professor of Gastroenterology and Emeritus Consultant in the Guy's and St. Thomas' Trust and has recently moved to the St. Thomas' Hospital campus.

In the first of a two-part interview for the Guy's Gazette, readers are invited to look back on Professor Dowling's early career, and at Guy's Hospital as it appeared to him twenty-five years ago.



Professor Dowling, may I begin by asking what motivated you to specialise in Gastroenterology?

Having completed the MRCP, I was interested in all aspects of internal medicine and at that stage was reluctant to embark on a narrow specialised field. However it seemed to me that Gastroenterology offered an extraordinarily broad range of possibilities. Not only did it involve diseases of the oesophagus, stomach, duodenum, small and large intestines, pancreas, liver and the biliary system, it also involved multiple other systems. Gastroenterology patients might have haematological disorders, metabolic bone disease, neurological problems and skin disorders. In short, it seemed to me that Gastroenterology was one of the broadest and most exciting fields in internal medicine. The excitement was also enhanced by technological advances in the specialty and for the first time, we were able to gain access to parts of the body which had previously been inaccessible, apart from the short endoscopic journeys from the mouth down or from the tail-end up.

I was also influenced by individual teachers and mentors. Indeed I trained at the Queen's University in Belfast where I worked with the Professor of Medicine, Graham Bull - Sir Graham Bull who subsequently became the Director at Northwick Park Hospital. One of his colleagues, Professor "Molly" McGeown was interested in metabolic bone disease and whilst working in the Professorial Medical Unit at the Royal Victoria Hospital in Belfast, I was involved in the management of many of her patients who had steatorrhoea and fat-soluble vitamin malabsorption, osteomalacia and metabolic bone disease. Also as you know, coeliac disease is prevalent in Ireland, so we were seeing lots of patients with coeliac disease and the era of taking jejunal mucosal biopsies had just started.

What initially attracted you to Guy's Hospital?

Well, I had spent a total of ten years at the Postgraduate School at Hammersmith. During that time, I spent two years in Boston, Massachusetts. When I returned from America, I joined the staff at the Hammersmith as a Senior Lecturer and Consultant, and was very happy there. It was a stimulating environment in which to work and I had no immediate plans to change. But then came the realisation that various London teaching hospitals and Guy's in particular, wanted to develop the specialties and attract people to them. The then Chief of Medicine, Professor Maurice Lessof, was actively recruiting staff to his Department. Then, when I was



invited by a well known Guy's alumnus, Dr Christopher Mallinson to lecture at Greenwich, Maurice Lessof came along to hear my lecture. He invited me to give a talk here at Guy's.

There were four main things that attracted me to Guy's at this time:

First there was the prospect of running my own department. Secondly, although the Tower Block had been built, it had not yet been opened and I was promised a Suite of laboratories there, which were absolutely superb. Thirdly, the job offered the chance of academic promotion to a Chair, which is precisely what I wanted to do. Fourthly and most important, I had been offered financial support for the new department from the Special Trustees of the hospital, negotiated by Professor Maurice Lessof with Mr. Harry Burfoot, then Clerk to the Special Trustees. So these four carrots added up to a most attractive package. Above all though, there was an atmosphere of friendliness about Guy's. It was a very meritocratic establishment and offered a warm, open environment in which I was made most welcome.

Could you give me a feel for the situation in Gastroenterology when you arrived in 1974?

Before I came to Guy's, there was no official Department of Gastroenterology. That is not to say that there hadn't been some Gastroenterology. For example, Dr Tim Northfield, who subsequently became a distinguished Professor at St George's Hospital, had been practising some endoscopy. Professor, now Lord McColl, was Chief of Surgery and of course his major interest was in the Gastrointestinal field. The Professor of Physiology, Michael (or Jack) Hunt was a pioneer in the field of gastric emptying. The Professor of Biochemistry, Geoffrey Hazelwood, was a non-clinical scientist who had devoted his life to bile acid research. Since this was one of my major interests, he was enormously helpful to me and a strong supporter when I first arrived. One of my competitors for the post was Tim Northfield and since he was not appointed, he could have made my life difficult. But he did not and I would like to pay tribute to the help and support he gave me when I first arrived. He was my first Senior Registrar, my second being Dr Robin Stott, who is well known to many as a distinguished Consultant Physician at our sister hospital in Lewisham.



My secretary at the time was Mrs Hazel Creed who spent a total of 13 years with me at Hammersmith and Guy's. She and I shared what had been a storeroom, in the Nag's Head Yard. It was cramped and difficult accommodation, becoming stiflingly hot in the summer, so that we had to leave the door open for ventilation - but that resulted in an influx of car fumes from the car park!

One of the first things that I did was to persuade my colleagues about the importance of appointing a basic scientist to work in our unit. That was Dr Gerry Murphy, who is now a Reader in Medicine and Biochemistry here and he has been an invaluable colleague throughout my professional life. Then when my academic appointment came through in 1976, this created a vacancy. I was fortunate to be joined by Dr Gordon Sladen, who was a wonderful Consultant colleague for nearly twenty years. Thirdly, Dr Mark Wilkinson joined us as a Senior Lecturer. So for many years this was the team. In due course, Hazel Creed was replaced by Ann Hollington. She has been with me for nearly twenty years and she too has been a marvellous support. Indeed, I couldn't pay tribute enough to these colleagues who have made it all possible throughout the years.

Could you cite the one person who has had the greatest influence on your career to date?

I would be reluctant to narrow it down to one individual....

Two or three?

Yes, two or three. First was undoubtedly Graham Bull, the Professor of Medicine in my undergraduate days. He was a South African who had an outstanding intellect. He had been at the Postgraduate School from where he was appointed to the Chair of Medicine in Belfast, at the age of 32 or 33.

Secondly, I would cite Dr Christopher Booth (later Professor Sir Christopher Booth), with whom I trained when I first began working in Gastroenterology at Hammersmith, who subsequently became the Director of Medicine at the Postgraduate School, before he moved in turn to succeed Sir Graham Bull as the Director of the Medical Research Council's Clinical Research Centre at Northwick Park Hospital. But equally important was Professor Maurice Lessof here at Guy's, who at that time did a fantastic job in building up the Department



of Medicine, which was probably the best undergraduate Department of Medicine in the country.

Your time at Guy's has seen the transition from Hunt's House and the busy Out-patient Department housed next to it, to the subsequent building of New Hunt's House. What are your memories of the Out-patient Department from the 1970s?

Hunt's House was an old, traditional and somewhat run-down building that was nonetheless surprisingly solid. Before taking up my appointment at Guy's, I well remember coming one Sunday to quietly explore the place with its external pipes and ancient plumbing, the long wards and polished wooden floors - which still had residues of fireplaces where patients were kept warm in the winter. Out-patient clinics were held in an old building at right angles to Hunt's House and I shared the facilities with Professor Lessof to start with. We worked in cavernous rooms, with perhaps two or three people seeing patients in the same room with curtains around. Later we moved to the luxurious accommodation of the first floor of the Out-patients building which had been a dental facility. In the corner there were little spittoons which were crazed with age. Patients had dental extractions and sat spitting blood into these little basins, so the place was somewhat dilapidated before it was renovated and we moved in there!

How did you become involved with and what was your role in the development of the hospital Staff Rounds at Guy's?

One advantage of being an outsider is that one can 'import' worthwhile ideas and experiences from elsewhere. For example, when I first came to Guy's, I found that the quality of the weekly hospital staff rounds was variable. Conversely, at Hammersmith hospital, the Wednesday morning staff rounds were the highlight of the week. They proved invaluable as an exercise in communication and in ensuring that the 'diaspora' of semi-autonomous Units worked within the framework of the Department as a whole. At one of these meetings, I complained about the hospital staff rounds with the inevitable consequence that I was invited to take responsibility for their reorganisation. With the help of my secretary Ann, we set up 'ground rules' for the new style rounds that operated on a strict timetable. They were based, almost exclusively, on case presentations with two cases in the hour. The active participation of other departments was encouraged

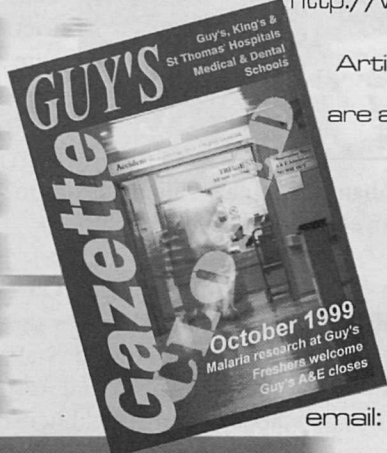


(Clinical Chemistry, Haematology, Radiology, Bacteriology and others) but the formal presentation was limited to 20 minutes to allow 10 minutes for discussion. A rota was set up in advance to ensure a mixture of disciplines at each staff round. It was a formula that worked well and in my opinion, it was a success. Initially, attendance numbers soared and for several months, there was 'standing room only' in the old Anatomy Lecture Theatre. The quality of the presentations was high and the exercise of presenting cases proved invaluable to generations of SHOs, Registrars and Senior Registrars (as they were called in pre-Calman days). They fostered a sense of competition between units and departments who vied with each other to present cases which illustrated recent advances in investigation, diagnosis and treatment. After running the staff rounds for a total of ten years, I handed over the reins to the then Chairman of the Division of Medicine, Professor Gwyn Williams, who in turn, passed the chairmanship on to his successors (Professors Gabriel Panayi and Richard Hughes). In fact, if I did nothing else during my twenty-five years at Guy's, whatever was achieved with the 'new style' Staff Rounds was more than just reward.

Rina Dutta

Gazette Online

<http://www.umds.ac.uk/guys-gazette>



Articles from the Guy's Gazette are available to all on the Internet. Features from the monthly journal plus links to other sites can be found at the above address.

email: guys_gazette@hotmail.com



Guy's Flooded

Catastrophe struck at 8pm on Sunday 24th October when a 36 inch water main belonging to Thames Water burst under St. Thomas' street. Up to a tonne of water a second surged out turning the hospital and GKT into a disaster zone. The basements of Boland house, only having been reopened a few weeks earlier after a £800,000 revamp, were flooded to a depth of five feet. A similar depth of water found its way into the basement of New Hunt's House. The system of tunnelling that exists under the campus and hospital means the waters spread to New Guy House, Thomas Guy House, parts of the tower and Henrietta Raphael and Shepherd's house though these were less seriously affected.



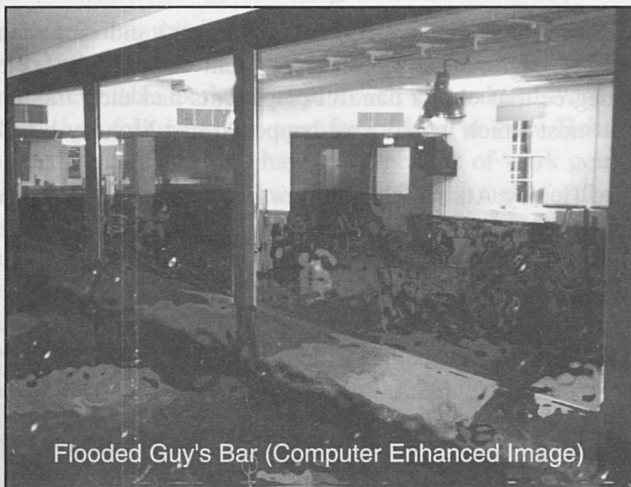
Water damage itself was not the only problem that had to be contended with. When water reached the deepest network of tunnels that housed the district high pressure hot water main and 11,000V ring main, vast

amounts of steam were generated hampering the valiant efforts of the works department and causing damage above the water level.

The ramifications were felt soonest by those who live on site. On call doctors, junior doctors and staff nurses usually living in Boland House or the West wing had to be evacuated and hastily rehoused. Hard pressed staff from the accommodation office were called out on Sunday night and residents were crammed into Wolfson house, St. Thomas's house and Nuffield house.

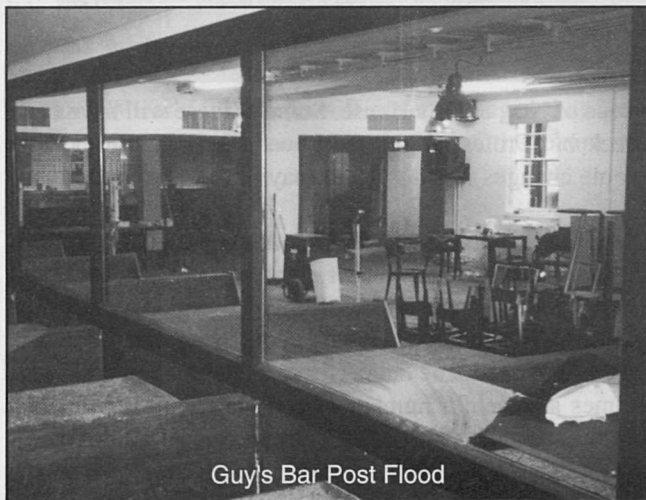


Of all the clinical services to be affected, radiotherapy was always going to be the worst hit. The sheer weight of machinery and radiation hazard protection meant that the only logical site for the department was deep in the basement of New Guy House. Thankfully the department was closed for the weekend but the



Flooded Guy's Bar (Computer Enhanced Image)

scene that confronted staff on Monday morning was one with no lights, no heating, no machines, a patchy telephone network, flood water up to their ankles and worst still 42 patients booked in for treatment that very day. For patients undergoing radiotherapy it was of vital importance to keep treatment on track since a delay of more than a few days would give cancer cells a chance to proliferate. With this knowledge at the back of their minds the staff quite literally



Guy's Bar Post Flood

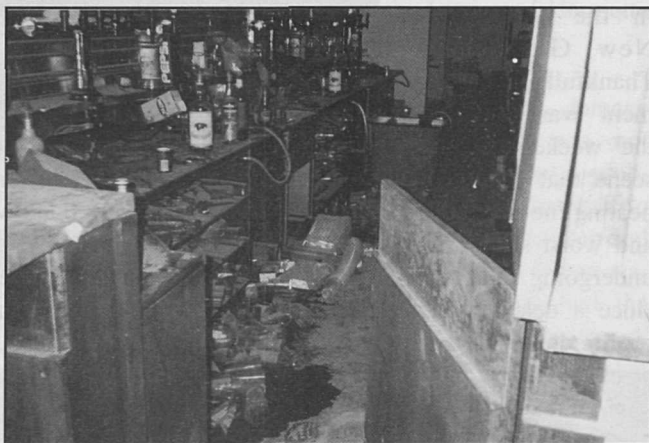
rolled up their trousers and got to work when most people wouldn't have even entered the building. Treatment and clinics were reorganised, patients notified and equipment salvaged. In Dr. Tong's words "the staff showed incredible fortitude and inventiveness to ensure the quality and continuity of patient care did not suffer".



Emergency rotas were run at St. Thomas' and outpatient clinics were redistributed throughout the hospital. A system with very little slack in it as it is coped to a degree that only a handful of patients had their treatments delayed by a day at the most which would have happened had Monday been a bank holiday anyway.

The Henley Atkins ward upstairs out of the water's reach did not fare so well. Jane Wittome of cancer services management confirmed that six operations had to be cancelled and patients went without hot food as no backup plan existed for the lifts not working.

Teaching for medical and dental students went on with minor disruption with lectures being relocated to the Greenwood and Hodgkin lecture theatres. The situation was far more severe for students of BSc programmes at the biomedical school with far more lectures and practi-



cals cancelled without the use of New Hunt's House. Some of these will have been rescheduled to reading week but Professor Simon Howell, Dean of Biomedical Sciences confirmed that some changes in assessment may have to be made.

The flood has and will continue to have a terrible impact on research at GKT particularly that based at New Hunt's House. The flood waters in the basement reached a height of a metre submerging the three electron microscopes for four hours. The unit not only lost its machines, ironically recently moved into their new home but their specimens and academic data. The unit was an "integral" part of many research programmes and held a number of contracts with the NHS as well. Also in the basement was the low voltage transformer for the building and the pumps for the heating system. The backup generator, intelligently sited on the roof, kicked in but its cut out circuitry not so intelligently sited in the basement



was soon washed out and the building was left without lights, heating, phones and most importantly power to the freezers that researchers so heavily relied on. Alternative facilities were not available as they had just been vacated and were in the process of being refurbished following the transfer of labs to New Hunt's House. PhD and post doctoral research fellows have "lost periods of work going from weeks to months". It is intention that reimbursement will be sought for their losses. Roger Morris the research representative on the emergency committee meetings encapsulated the feelings of the research community when he said "having just moved into a new exciting building and reached a point where all systems we needed for science were up and running to now have to start again with a delay of months before we are fully functional given that most of our research staff and students only have 3 years to do their work is a particular blow to them".

Not even our founding fathers escaped the flood's wrath. Located under the chapel are the little known crypts which are final resting place for such names as Sir Astley Cooper, William Shepherd and Thomas Guy amongst other greats from the hospital's history. Usually sealed out of the public gaze the crypts had to be opened so that water could be pumped. A conservation architects report is awaited but the scale of what was lost may never be known since the full extent of the crypts remains a mystery sealed behind a puzzling wall marked with a cross. Above the crypts lies the chapel which visitors will have noticed shows signs of obvious subsidence in the floor.

Thames Water's insurance will cover damages that are expected to run into the millions but the size and complexity of the claim may lead to a protracted settlement.

In the months that follow many questions will be asked not least as to what could be done to prevent this and minimise the disruption that ensued. Measures will have to be put in place to this end even if an event like this happens once every hundred years because if Guy's Bar was full, as it might well have been on any other night, it would surely not have been the loss of research we would be mourning.

Shouvik Shah
2nd Year Medical Student



Healthcare Achievements of the Twentieth Century

In the 19th century the medical profession witnessed a trend towards specialisation and an emphasis on pathology and preventative medicine. The main developments of this century have been in therapeutics and undoubtedly the discovery and application of chemotherapeutic agents (antibiotics) has been one of this century's greatest achievements. This discovery was really based on Paul Ehrlich's 'magic bullet' work. This was the concept of finding a chemical compound, which would specifically bind and destroy the *Spirochaeta pallida* of syphilis and remain harmless to the host. After trying six hundred and five chemical combinations Ehrlich finally discovered an effective drug unsurprisingly called '606', later named salvarsan. The less toxic alternative neosalvarsan (drug number 914) was eventually used and proved to become the sole remedy for Syphilis up until the chance discovery of penicillin in 1929 by Sir Alexandra Fleming of St. Mary's Hospital, London. Penicillin only became mass-produced after the work of Florey and Chain in England in 1939, in preparation for World War II. Other antibiotics such as aminoglycosides, tetracyclines and macrolides were later produced en masse. Whilst these drugs made it possible to successfully deal with gram positive infections. The increasing hospitalisation of latter years has led us to the all-familiar problem of antibiotic resistance and the emergence of problematic, penicillin-resistant gram negative bacilli.

As a Western nation we appear to have moved from disease associated with poverty to those associated with affluence, with notable exceptions such as tuberculosis. The implementation of world-wide public health measures including effective vaccination programmes has been a factor in determining this. The legacy of Edward Jenner and his use of a cowpox vaccine to protect against smallpox over 200 years ago in 1796, has led us to achieve in this century the world-wide eradication of smallpox a once feared and fatal infectious disease. Incidentally, the world's last naturally occurring case of smallpox was in Somalia in October 1977 and the patient survived. The application of health surveillance vaccine programmes have proved to reduce the morbidity and incidence of certain conditions such as the Hib vaccine and the MMR. Although the latter has come



into scientifically unfounded disrepute because of a tenuous link with autism/inflammatory bowel disease, nonetheless vaccination programmes have proved to be a great 20th century achievement.

Another achievement has been the increased accessibility to good medical care an apt example being the formation of the unique National Health Service. The inception of the NHS was based on Sir William Beveridge's ideals of a pre-world war II government attacking the five great evils of disease, want, ignorance, squalor and idleness. Labour health minister, Aneurin Bevan later realised these aspirations and the NHS was born on the 5th April 1948. The forerunner to this was Lloyd George's National Health Insurance Act of 1911, which was enacted under a liberal government and provided both sickness benefits and access to a 'panel' doctor for insured workers. The importance of its existence was based on the nation's poor level of physical fitness an important factor in the two ensuing world wars. Lloyd George asserted that a 'C3 population would not do for an A1 empire.'

In the medical world the isolation of hormones such as insulin, cortisol and ACTH have revolutionised the management of metabolic disorders. The diagnostic process has been further assisted by the application of x-ray technology and the invention of the ECG and EEG also in occurred in this century.

In the world of surgery we have witnessed a change in trends from very invasive procedures, which incurred long in-patient stays and a greater disruption to daily work-life to an ethic of higher through-put and minimally-invasive endoscopic procedures with a concomitant shorter in-patient stay and less disruption to daily life. The distinctions between surgery and medicine have also become less clear with surgeons and physicians both becoming more interested and knowledgeable in the problems of their respective colleagues. The management of certain conditions such as peptic ulcer disease has moved from the realms of surgery to the realms of medicine as more effective methods of control have been developed. General practice has also achieved an increase in status and respect; the introduction of the general practice charter in 1965, which reviewed work and pay condition became the turning point. Whilst the boundaries between hospital doctors and general practitioners still exist, it is interesting to note the increasing emphasis of community medicine with the G.P. playing a central role. The development of primary health care groups with their collective powers to



purchase healthcare services is evidence of this.

We have witnessed revolutionary changes in science, technology and medicine. Patient's expectations have increased exponentially fuelled by the introduction of the Patient's Charter in 1991 and the infrastructure of the best thing that has happened to British medicine namely the NHS has been completely re-hauled because of the 1990s drive for economic efficiency. Throughout the turbulence of this century and the increasing reliance on scientific investigation thankfully certainly values of medicine have remained somewhat intact namely the importance of bedside medicine and patient communication reminding us of medicine's uniqueness of being a science and an art.

The possibilities for future advancement for the forthcoming millennia appear to be in the eradication of age-old diseases such as cancer, new-age diseases such as Aids and the implementation of primary prevention/health promotion in the form of lifestyle changes. The application of telemedicine appears to be another possible venture on the horizon. It may present the means to make an accurate medical diagnosis, as doctors especially general practitioners will be able to easily seek the opinion of specialist colleagues with the global medical community, over great distances through the use of telecommunication technology. It may also provide a practical way of coping with the increased 'medicalisation' of today's society. I think we can confidently progress towards the next millennium and be proud of what we have achieved within this and previous century's.

Miss Dulani Mendis
5th Year Medic

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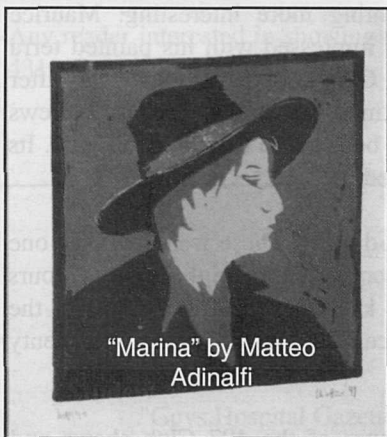
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407 ART CLUB EXHIBITION

SEPTEMBER 6-24 1999

This was another superb show, put together by Jane and Terry Gibson. Atrium One in Thomas Guy House lends itself to the exhibition and with improved lighting all the work was shown to effect. Matteo Adinolfi exhibited some of his best pictures to date with eleven collages, collotypes, linocuts and etching. Using foil, newspaper, blue, yellow and red card and a hole punch his bright and brilliant designs stood out amongst the mainly figurative work. The reduction prints entitled Luisa and Marina as well as a linocut nude were characteristic.



Another star is Meg Dinkeldein who like Matteo is a regular exhibitor. She displayed five watercolours and one etching. Her study of a nude done on wet paper revealed good draughtsmanship. The watercolours of a bonsai and Mont Saint Victoire were less successful but the still lifes of onions and gourds and of oranges and lemons were beautifully composed and executed. The single etching of apples was a dark, mysterious study and one of many sales made during the course of the show.

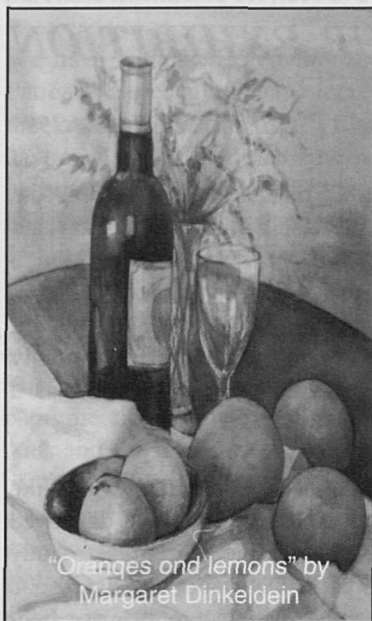
Hermon Dowling was exhibiting for the first time, a fact made all the more impressive by the relatively short time he has been painting. His talent is obvious. There were watercolours of Provence, Venice and a view of Connemara which now graces a wall in the Postgraduate dept at Guys. His use of shadow and the ability to convey the light and warmth of Continental Europe were effective. The best were two garden scenes one of which included a lovely stand of lupins. Some of his paintings contained a lot of scraping, a technique which requires restraint.

Terry Gibson also exhibited watercolours, smaller in scale and technically more inhibited than Prof Dowlings. The achre and blue study of the Brittany coastline



FEATURE

January 2000



"Oranges and lemons" by
Margaret Dinkeldein

attracted most interest.

Jane Gibson showed ten pots made by using her characteristic low fired method. This apparently entails using a garden kiln which burns newspapers, timber offcuts or sawdust. These techniques she acquired during her study of South Asian potters, a report which earned her a silver medal. Her work was sold almost completely on the opening day.

Shirley Hodgson's two subdued pictures were demonstrations of how a limited palate can make a painting more interesting. Maurice Lessof again impressed with his painted terra cotta statues. Only one was left on display after works department staff applied security screws to what they believed to be a bronze figure. Its arms fractured.

William Mann provided the largest pictures on display. These were two oils, one of a market in Syria the other a scene from Auvergne. Their bright, sunny colours were evocative of times in warmer climes. In keeping with the the rest of the exhibits there were no pretensions about these canvases which were given plenty of space to allow their appreciation.

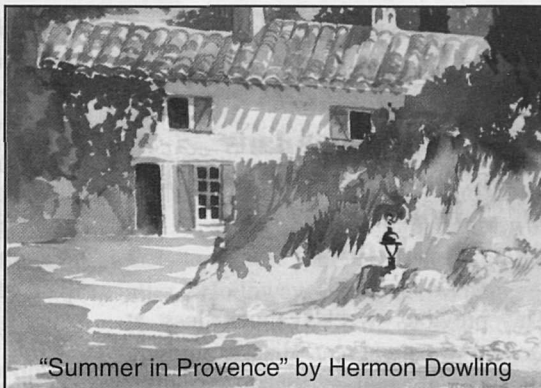
Cedric Mims etchings are now a regular feature of the 407 Club shows and welcome they are for they provide a little teasing intellectual challenge between the obvious pictures on either side. These revealed a menagerie of ideas with mammals, birds and the human species especially, in all sorts of predicaments. An etching entitled 'Thumbnail sketch' was literally a view of a nail. Watercolours dominated the exhibition and Roy Spector again displayed pen and wash drawings, two of Madrid scenes and one of a garden pool, the latter a delicate study in green which found an eager purchaser.

Acrylic is not the most popular of mediums but Jennifer Williams used it to paint two landscapes using dark reds and blues with fragments of maps pasted to the



paint. It was hard to judge if the topography of the pictures conformed with that of the maps .

Moving straight from Prof Mims puzzles to these landscapes one could only wonder if there was a subplot to the work.



"Summer in Provence" by Hermon Dowling

The next exhibition will be in February or March 2000.

Any reader interested in showing work should contact: Dr Terence Gibson on ext 4310 Dept Rheumatology, Guys.

Patricia James

CLASSIFIED AND ANNOUNCEMENTS

WANTED

"Guys Hospital Gazette 1725-1948". A book published in 1951 by the Guy's Hospital Gazette. One of the authors, H A Ripman is anxious to obtain a copy.

HA Ripman
Red House
Sproughton
Ipswich
IP8 3AT

SPORT.

Rugby Guy's and St Thomas' vs Old Elthamians National League Kent I Honor Oak Park Won 26-5

The previous week's shock loss at Dover, was a great disappointment after an unbeaten season in the previous year, including a comprehensive victory over them. With only one side gaining promotion, Guy's and St Thomas' will need to win all their remaining games for a chance to secure that place. The pitch looked immaculate with a light breeze from the direction of the Club House. The hospital elected to play against the wind in the first half, and the team showed several changes from the previous week including the welcome return of the slightly rusty Neil Davies at the outside half, and past captain Wayne Llewellyn, who is now a little older than Jeremy Guscott, adding a bit of steel to the back row.

The first half was decidedly scrappy. Both sides were intent on playing an open running game, but handling errors led to many turnovers. However, many of these were in Guy's favour and allowed them to apply a bit of pressure on old Elthamians and get the ball out to both wings. From one

surge by Etok on the right wing, the ball was passed along the field for the forwards to take on for a try converted by Davies, and after the best passage of play in the match, the ball passed through at least a dozen pairs of hands back and forward across the pitch for Vaughton to speed under the posts. The half-time score was 14-0 to Guy's.

The second half was again very mixed but with Guy's applying fairly consistent pressure eventually allowing Simon Lambden, who had a fine game, to score a try. Somewhat disappointingly, Guy's relaxed. This allowed a prop forward relieving kick to be charged down and old Elthamians to score. However Guy's eventually ran out as winners by 26-5. It was clear that the forward coaching of David Collenand and Steve Farr was paying dividends as the side were attempting to create, occasionally achieving, some very fine continuous play. The second try in particular reflected this and was one of the best seen at HOP for sometime. For Guy's, both wings, Richard Etok and Ed Nicholls, and the full-back Harvey Pynn, played a fine game. As did the two centres, indeed, young Ginger in the centre looks a fine prospect, and until he ran out of steam in the latter parts of the match, showed some fine anticipation and break. The pack looked solid in the tight, though a bit sluggish around



the field, and managed to disrupt the opposition line-out throws. Overall a good performance suggesting even better things to come.

Team:

Baladasaran D, Edmondson M, Woodsford D, Hostet L (replaced Baladasaran - 60 mins), Thorpe B, Llewellyn W, O'Sullivan F, Lambden S, Smith C (40), Valzeboeur T (50), Davies N, Vaughton A, Dave F, Etok R, Nicholls E, Pynn H.

Prof S. J.Challacombe

Guy's & St Thomas' Ladies vs Royal Holloway Honor Oak Park Won 40-15

This was our fourth match of the season under the new captain Nicki Ross, and the third played within one week. With three players hospitalised from the Sunday match against the Royal Vets there was some worry that our numbers would be down. However, with our new intake of very enthusiastic and skilful freshers, these fears proved unfounded as we had a full team, four reserves and several supporters.

We started well, with most of the play in the Holloway half. Scrums proved awkward with no hooker and a much heavier opposing pack. Consequently possession was lost in our initial scrums, but towards the end co-ordination improved and we managed to win

our own scrums. The backs had some impressive passes which enabled Brandy to make a lightning dash up the wing to score early in the game. Ground was again gained later allowing Brandy to push through to score her second try. Scrum half Laura was fast to tackle her opposite number after Holloway scrums. Whenever Holloway had the ball, it was stolen quickly by the excellent tackling of Brandy, Gina fresher, Rebecca fresher, Nicki Ross and last year's captain Kate Evans. Forwards were good in support and we are now beginning to ruck more, rather than maul. The ball was well recycled and ground was gained steadily to allow Brandy to score once again.

Several penalties were awarded against Guy's (where did we get this referee?), and it was these that led to tries by Holloway. Undeterred, the Guy's Girls simply fought harder than before and soon found ourselves up at the try line. After a number eight pickup from a five metre scrum, Nicki Ross scored before Holloway had even noticed that the ball had gone. Laura Hole scored again after good forward work. On their kick to us, Chevonne fresher caught the ball and made excellent ground up the pitch. However, some fumbling of the ball, allowed the Holloway fullback to make a break. Laura was hot on her heels but unfortunately she made it to score.



However, a further three tries from Brandy sealed our victory.

We hope that more of the final years and Old Girls will continue to play for us and we welcome back our coach Steve Roberts!

Team:

Charlie, Els Draeger, Sarah, Chevonne Rennison, Lauren, Kate Evans, Rebecca Crawford, Nicki Ross(cap), Laura Hole, Gina Woolsey, Katy Fresher, Fleur Cattle, Cleo Darwish, Katherine Brand, Ally Corney. Reserves: Jenny Ryan, Lucy Westcott, Ruchi Tandon, Tina.

Tries: Brandy 6, Nicki Ross 1, Laura Hole 1.

Kirstin Taylor

Hockey GKT Men's 1st XI Won 6-1

On the 20th October we played our second BUSA match of the season against one of the strongest teams in the league, Bart's and London Mens Hockey 1st XI (BL). We decided to experiment with a new formation in an attempt to increase our attacking options and it paid off in spectacular style with GKT winning 6-1.

We started strongly and Will Storrar, having missed one great chance, did well to follow in a cross from Naveed Maan deflected into the air, giving us an early lead. BL replied soon after with a great goal scored by one of their

forwards, beating our last defender with ease before slipping the ball under the onrushing keeper. We regained the lead just before half-time when Rich George converted a penalty flick. After half-time it was all one way traffic for GKT. Maan scored with a deflected shot from a rebound after their goal-keeper had saved three consecutive efforts. Nick Evans made it 4-1 when he scored from yet another rebound. An Evans cross from the left was finished well by John Bath to make it 5-1. Maan rounded off the scoring with a simple tap-in from a left wing cross. It was another good performance by GKT. This season the team is coming together very well.

Richard George

GKT Men's III's vs Imperial College III's Lost 8-0

A confident third eleven started the BUSA league campaign with a Challenging match at Crystal Palace against last year's division winners, Imperial College (IC). Unrelenting pressure from Imperial was met by resolute defending as the scores remained at nil-nil early on. However, after the second goal the flood gates opened, as IC scored four goals in less than ten minutes to go into the break five up.



The second half was much of the same from IC, as wave after wave of attacks were met with heroic, and at times acrobatic defending, particularly from GKT man of the match Josh Deb Barman. The score was kept in single figures with the help of some friendly umpiring.

vs
UCL III's
Lost 4-0

This match, away in Surrey Quays, was a much closer contest than would appear. The GKT defence was breached after fifteen minutes for the only goal of the first half. The second half, despite conceding three goals, saw GKT fighting for a goal. The result was defensive shortfalls on the counter somewhat hampered by poor flood lighting.

vs
Royal Free III's
Won 1-0

After the hammering the previous Wednesday, the GKT camp resolved to prevent a recurrence, at the second competitive game of the season at Crystal Palace. The first half was almost entirely GKT attacks, with RUMS not having a shot on target all half. The midfield came into its own, with right half Hay Ming Blunt scoring his first GKT goal, in a dominant first period, as GKT went 1-0 up. The

second half was much of the same for the first twenty minutes, but with no addition to the score. In the final fifteen minutes, RUMS came onto the offensive, with a string of short corners resulting as we defended our narrow lead. The final RUMS short corner came on the brink of the final whistle, with GKT needing to just clear the ball for a win. The midfield, which had been on the offensive for most of the game, found the energy to sprint back killing the ball, as GKT took the three points.

Paul 'the goalie' Schofield

Football
UL Premier League
GKT Ladies I's
vs
King's I's
Won 10-0

Having already thrashed King's ten days previously in the first round of BUSA, GKT approached this league fixture with deserved confidence. However, the King's side, complete with four coaches and an army of subs and supporters, were already changed and having a pep talk by the time GKT ambled into HOP. They had clearly not been amused by the 7-2 defeat at the hands of newly promoted GKT and seemed determined not to suffer the same fate on this occasion.



SPORT

January 2000

The scene was set for a good old fashioned merger-derby grudge match.

GKT surged forward from the start, forcing several early corners which Liz W floated invitingly across the face of the goal for Strings to hammer into the back of the net. Minutes later, a characteristically poor clearance by the King's defence gave Pitbull a chance to demonstrate her finishing ability. The next time she stepped up to the corner flag, Liz decided it was time to get in on the act herself, curling the ball beautifully inside the far post past the flailing keeper.

By now, King's were struggling badly against a GKT side that excelled in every department. Their forwards had that look about them that people get after they've been in a very dull clinic for too long and just want to leave. Their midfield were entirely outclassed by Liz Kenyon, Pitbull and Maja, and their defence looked frankly miserable as Liz beat three of them before hammering home a ridiculously good shot from about 40 yards. Their keeper, although crestfallen, was actually quite good and produced a couple of impressive saves before Kazumi linked up with Strings and some precision finishing from the girl with the golden boots brought the half-time score to 5-0.

The second half continued in the same

vein as the first, with GKT dominating the game. With Sally organising the defence plus Carole's pace matching anything they had up front, there wasn't a great deal to worry about. Claire ("Fifths") Stewart put in a sterling performance at fullback, turning every interception into another flowing, attacking move for GKT. King's continued to chase the game with increasing desperation as another Beckham-esque cross from Liz found Pitbull, who found the back of the net. By the time Strings and Liz had completed their hat-tricks, it was all getting a bit embarrassing. King's were stuck in a wretched rut where they couldn't find a pass in the Khyber, while GKT were playing some champagne football which was a joy to watch.

The only thing missing from the first half was controversy, and this arrived in the 80th minute. A King's goal kick was intercepted and GKT surged forward again. However, the fact that Kazumi was offside before crossing the ball in for Strings to claim her fourth went unnoticed by the ref, but not the King's supporters on the sidelines. After some token whinging by the King's girls, the game got underway again. It seemed that not the entire team had given up completely, and their centre forward - an aggressive, moody runt who we'd taken a communal dislike to - attempted some kind of

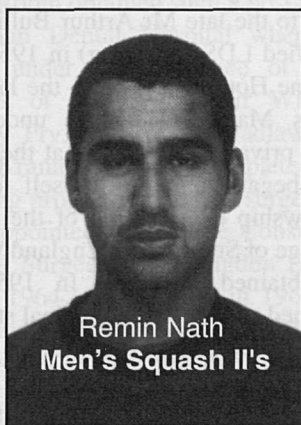
the net and ran off celebrating the goal, with no concern for the fact that it should have been an indirect free kick. The ref then got confused and allowed the goal, at which GKT players and supporters alike bombarded him with abuse until he changed his mind, disallowed the goal and ordered the kick to be retaken. The kick was retaken, indirectly this time, and cleared off the line.

Despite comments and handbags flying around all over the place, Pitbull still found time to complete her hat-trick before the final whistle.

King's Player of the match: Liz Ward Goalscorers: Liz (3), Clare (Pitbull) Britton (3), Strings (4)

Judith King

I, I Captain



I am a 23 year old, final year medic and have represented the college for

each of my six years here. Last season the 2nd team were promoted to the 1st division of the league and our squad won the UH cup for the third successive year. When the mood hits me I am known to say, "Your ass is grass and I'm a lawnmower!"

Guy's Rugby 1st XV Fixtures 2000 - Part I

January

8th	Old Dunstonians* Home
15th	Whitstable* Away
22nd	Old Alleynian Away
29th	Old Shooterhillians Home

February

5th#	Blackheath Amateur Away (1200)
12th	Natwest Bank Away
19th#	Lewes Home(1300)
26th	Midland Bank* Home

March

4th#	TBA
11th	Brockleians* Home
18th#	TBA
25th	Ashford* Away

April

1st#	Old Blues Home
8th	TBA
15th	Old Reigations (Boulger Cup) Away
29th	Past Vs Present Home

#Denotes International Weekend.
*Denotes Allied Dunbar League



Robin Carew Bret Day

Robin Bret Day died suddenly on 16th September 1999 while awaiting the London train for his day's work in Harley Street. He was born on 20th August 1926. His father, who was born in Australia, qualified in dentistry in Philadelphia and was personal dental surgeon to His Majesty King Farouk of Egypt. His mother was French, and it was in her country that their family home was established in Normandy. He shared his early life between Egypt and France and attended both English School in Cairo and St Paul's Private School in Normandy. Not surprisingly he became entirely bi-lingual and, indeed, never lost completely his captivating French accent.

During the Second World War German occupation of France, Robin was stranded with his mother and sister in Normandy whilst his father served in both a medical and intelligence capacity with the Commonwealth Forces in Cairo. Interned by the Germans in 1942 as a British subject at the age of 16, he was released after a year of considerable hardship on condition that he resided in Mamers, in then non-occupied France. The effect of the unpleasantness of internment on such a young mind could have been devastating but, in Robin's case, the suffer-

ing and privations of his fellow prisoners, largely Russians, gave him an insight and compassion for the individual, no matter who or what they were, which lasted throughout his life.

When the allied forces commenced their eastward drive into Europe, Robin liaised as an interpreter and scout with General Patten's armoured divisions fighting around Avranches where he had numerous and oft recounted adventures.

After a year at the Sorbonne in Paris, in 1947, Robin entered Guy's Hospital Dental School and from his very first day became a much liked and extremely popular member of the Guy's family. After a distinguished studentship during which he served as an AHS to the late Mr Arthur Bullied he qualified LDS RCSIEng) in 1951 and became House Surgeon to the late Mr James Mansie. He then undertook some private practice and at the same time began preparing himself for the Fellowship examination of the Royal College of Surgeons of England which he obtained in 1954. In 1955 he returned to Guy's as a medical student and in 1958 gained the conjoint medical qualification MRCS and LRCP. During his time as a medical student he undertook some Registrar sessional work in the Department of Operative Dental Surgery under the late Profes-



sor WE Herbert, where he developed an interest in restorative dentistry, which, despite specialising as an oral and maxillofacial surgeon, he maintained throughout his professional career.

From 1958 to 1961, Robin remained at Guy's as Assistant to the Visiting Dental Surgeons. In 1960, he was appointed Locum Tenens consultant Dental Surgeon to Queen Mary's Hospital, Sidcup, a post he retained until 1964.

By the early 1960's, a more clearly defined pattern of training for potential oral surgeons was rapidly emerging and it became clear that an essential ingredient of such a programme was a prestigious Senior Registrarship. Robin obtained such a post at the Eastman Dental Hospital where he came under the influence of such doyens of the day as Sir William Kelsey Fry, Sir Robert Bradlaw and Ivor Kramer. Having completed his training programme in oral surgery he was appointed a part-time Consultant Dental Surgeon to Hillingdon Hospital in 1964 and to Guy's in 1965. At the same time he began to build up a flourishing private practice in Harley Street, where he practised oral surgery and restorative dentistry until his death.

Guy's was always his first love where

his commitments, clinical, administrative and social, always took precedence over all others. Over the years his contribution to the life of his beloved hospital, dental and medical schools has been enormous. In almost every sphere of activity - clinical and teaching, committee work, student activities, to name but a few his involvement was enormous. His time, experience, enthusiastic support and infinite patience were given generously and in abundance.

As committee chairman Robin Bret Day excelled, a fact that became widely recognised by both the hospital and the schools. Indeed, he had the unique distinction for a member of the dental staff to be elected Chairman of the Academic Board of the United Medical and Dental Schools of Guy's and St Thomas' Hospitals. For six years he was Chairman of the Area Dental Committee for Lambeth, Lewisham and Southwark and for 13 years, Chairman of the Dental Hospital Committee of Guy's and, for 4 years from 1987 to 1991, he was Chairman of the Medical and Dental Committee, a committee representing all consultants. During this period he was faced with the difficult task of guiding the committee through the discussions leading towards the application for Trust status. His success as a chairman can be attributed to his unending patience, his ability to listen to and



OBITUARIES

January 2000

summarise discussion with simple clarity and, perhaps above all his skill to introduce that subtle touch of humour to diffuse the tense moment.

Robin Bret Day was a big man with a big heart; he was always extremely generous in spirit, charming in nature and full of enthusiasm for everything he undertook. Many generations of Guy's men and women have good reason to be grateful for his advice, support and encouragement. Evidence of these qualities lies in the fact that he was President of the Guy's Dental Society on four separate occasions.

As Professor AHR Rowe reminded us in an appreciation published in The Gazette at the time of Robin's retirement in 1992: "Above all he is a caring individual, never too busy to see a patient, always ready to undertake whatever is necessary and the only thing which makes him cross is if he thinks that somebody has let down a patient". He was loved by his patients who had the greatest confidence in his diagnostic acumen and clinical skills. His teaching clinics were always well attended by undergraduate students as well as post-graduates preparing for higher qualifications, all of whom appreciated his detailed and unhurried discussion of the particular case.

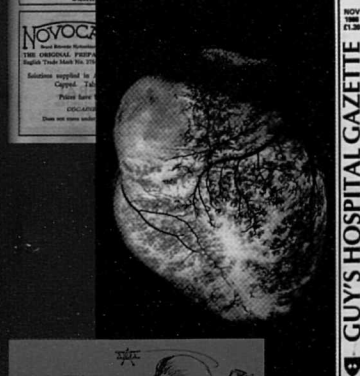
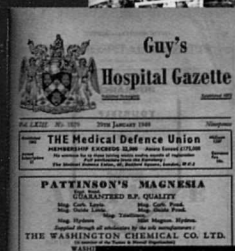
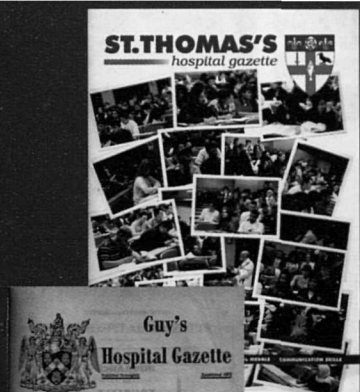
Robin was married to Joan for almost

50 years; their family comprises two sons and a daughter, Philip, Timothy and Joanna and three grandchildren, Eleanor, Katie and Frederick. He was a keen gardener with a particular interest in the cultivation of sweet peas. However, he loved flowers generally and tangible evidence of this was the floral decorations in his Harley Street rooms. He was a keen sportsman who enjoyed country pursuits; he also belonged to a regular local tennis group who played every Sunday morning, winter and summer, rain or shine without fail!

Despite his medical qualification and the move of oral and maxillofacial surgery away from dentistry towards general surgery, Robin always remained proud to be a dentist and of being a member of the profession of dentistry. He will be greatly missed as a friend, colleague and practitioner but there can be no doubt that his contributions at Guy's, at UMDS and throughout the profession generally both in the UK and overseas in the wider world, will remain as a long-standing memorial of the life's work. In every aspect of his life he remained true to the Guy's motto - Dare Quam Accipere. To Joan, Philip, Timothy and Joanna, and his three grandchildren, Robin's many friends and colleagues will wish to extend their deepest sympathy.

Today such outrage seems as ridiculous as it does understandable. Clearly the Trust has gone from strength to strength, and I certainly hope this trend continues. The suggestion that King's should have a presence within Guy's and St. Thomas', let alone the Gazette, has generated similar angst amongst many. These worries, concerns, and problems are far from new. As Fuad Hussain commented in that same issue in 1992 'the merger with King's may be the least of our worries about the future. The verbal battle between those who see prospective changes as a threat, and those who see it as a chance to blow away the cobwebs will continue to rage'.

Even in my fifth year at medical school, I have benefited in many ways from the merger. New computers (when they eventually find the chips), improved facilities (if you can breach the security guard checkpoints), and meeting new people are just some of them. Be under no illusion that I am ignoring the significant problems that remain unresolved. Students are expected to pay travel costs to Medway three days a week and return for lectures and project work at Guys two days a week. Disruption in lectures, confusion over the marking and timetabling of new courses, and getting the new registry up and running have all been serious problems. Many of these will disappear in the short to medium term, just as they did a few years ago. However the real question still remains. Will Guy's, King's and St. Thomas' emerge with an identity? The Gazette will certainly do all it can to ensure that it does.



2000?



Guy's Memorabilia



Crystal Whisky Decanter (gift boxed)	£70
Pewter Goblets	£25
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6oz Hip flask with captive top	£25
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Keyring	£1.50
Paper weight	£6
Guy's hand painted sheild	£30
Crystal night cap set (boxed)	£40
Guy's car badges	£30
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Large prints 16x12	£10
Christmas cards (Large/small)	£1.00 (5) / £1.00 (6)

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